



Sauti Project

Quarterly Progress Report FY17, Q3 Report April 1– June 30, 2017

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LIST OF ACRONYMS

AFHS	Adolescent friendly health services
ART	Antiretroviral therapy
CBHTC+	Community-based HIV testing and counseling plus
CHMT	Council health management team
CSO	Civil society organization
CTC	Care and treatment clinic
DC	District Council
DRCHCo	District Reproductive and Child Health Coordinator
DREAMS	Determined, Resilient, Empowered, AIDS-free Mentored, and Safe
EW	Empowerment worker
FP	Family planning
FSW	Female sex worker
FY	Fiscal year
GBV	Gender-based violence
GIS	Geographic information system
GOT	Government of Tanzania
HBC	Home-based care
HBTC+	Home-based testing and counseling plus
HTS	HIV testing services
IRB	Institutional Research Board
IUD	Intrauterine device
JHU	Johns Hopkins University
KP	Key populations
KVP	Key and vulnerable populations
LGA	Local government authorities
MC	Municipal Council
M&E	Monitoring and evaluation
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOU	Memorandum of Understanding
MSM	Men who have sex with men
NACP	National AIDS Control Program
NIMR	National Institute for Medical Research
OHSP	Other hot spot populations
PE	Peer educator
PLHIV	People living with HIV
PO-RALG	President's Office – Regional Administration and Local Government
PPT	Periodic presumptive treatment
PrEP	Pre-exposure prophylaxis
Q1, Q2, Q3	Quarter one, Quarter two, Quarter three
QI/QA	Quality improvement/quality assurance
RCHS	Reproductive and Child Health Section
RRCHCo	Regional Reproductive and Child Health Coordinator
RHMT	Regional health management team
SBCC	Social and behavior change communication
SIMS	Site Improvement Monitoring System
SOP	Standard operating procedure
STI	Sexually transmitted infection
TA	Technical assistance

TACAIDS	Tanzania Commission for AIDS
TC	Town Council
ToT	Training of trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
vAGYW	vulnerable adolescent girls and young women
VETA	Vocational Educational and Training Authority

EXECUTIVE SUMMARY

During this reporting period, Sauti project intensified its efforts to effectively implement community - based HIV combination prevention interventions integrated with family planning services. The past three months (April – June 2017) witnessed expansion of the project's geographical coverage to two new regions, as well as an expedited implementation of the activities compensating for the stalemate experienced in quarter one (Q1) and quarter two (Q2).

Following the release of the new national KVP guidelines at the beginning of April 2017, Sauti project spent a significant part of quarter three (Q3) reorienting local government authorities (LGAs), civil society organizations (CSOs) and other regional and district stakeholders on the revised guidelines; but also most importantly, engaging and working closely with Regional/Council Health Management Teams (R/CHMTs) to jointly plan and implement KVP HIV prevention/FP interventions in a collaborative and transparent manner. The plans included the reinstatement of HIV Testing Services (HTS) and Social Behavior Change Communication (SBCC) interventions for men who have sex with men (MSM). The Tanzania Commission for AIDS (TACAIDS) and the National AIDS Control Program (NACP) provided the overall leadership in facilitating the process.

In recognition of a slow progress towards achieving PEPFAR targets, particularly the low HIV positivity yield and enrollment into care; in April & May 2017, Sauti project conducted a robust participatory “root-cause” analysis to identify the key underlying causes and developed an improvement plan. Several causes were identified, and below are some of the examples: limited access to the CTC index lists through the C&T implementing partners (IPs) for Sauti to use for family/ partner testing; stigma and fear among KP beneficiaries and CBHS providers, due to the then extremely challenging political/legal environment; and limited providers' competence in conducting partner notification (new approach launched in FY17), just to mention some of the key ones. Amongst several other elements, the remedial plan of action included the establishment and rollout of “individual performance based management & monitoring system” for all providers. Using this strategy, each biomedical provider is required to set a daily target of diagnosing at least one new positive and linking at least one person to treatment (often not the same person if the person was diagnosed after clinic working hours). The use of a real-time data dashboard and provider WhatsApp groups made this initiative successful.

The below sections outline some key highlights of Q3 fiscal year (17) achievements, and progress towards annual PEPFAR targets:

- Reached 133,306 KVPs with HTS. This performance is equivalent to 67% of the overall FY17 annual target. Out of these, 10,975 KVPs were identified to be HIV infected representing a positivity rate of 8%. The positivity rate has increased from 4% recorded in Q2.
- Of the newly identified PLHIV, 7,191 (66%) were enrolled to care and treatment. A cumulative total of 13,083 out of 19,607 (67%) KVPs who have been identified to be HIV positive through Sauti project since the beginning of FY17 have been enrolled to ART care and treatment clinics as of 30th June 2017.
- Offered family planning services to 5,828 vulnerable adolescent girls and young women (vAGYW) and 12,290 female sex workers (FSW). Cumulatively a total of 29,594 FSWs

have received FP services. This performance is equivalent to 78% of the FY17 annual target.

- Reached sexually transmitted infections (STI) periodic presumptive treatment (PPT). to 9,917 FSW in Dar es Salaam, Mbeya, Iringa, and Njombe, with This activity is supported by the EJAF/OGAC public - private partnership.
- Supported 20 CSOs to implement SBCC curriculum-based group and individual education to 10,141 FSWs and 18,703 vAGYW. Cumulatively, 81% of the FY17 annual target has been achieved as of 30th June. In addition, Sauti project enrolled 4,817 FSWs and 21,274 vAGYW (95,125 cumulatively) into gender transformative HIV prevention curriculum-based group education. Cumulatively, 73% and 86% of FY17 the annual KP Prev and PP Prev targets respectively have been achieved.
- Peer led demand creation activities for MSM were resumed in June 2017; 38 MSM were reached with HTS and SBCC, respectively.
- Reached 8,756 vAGYWs across five councils with gender norm dialogues through group educations, and 455 community members with SASA! Community drama groups and workshops (cumulatively 32,077 reached in FY17 representing 186% of the annual Gender Norms target)
- Reached 5,155 WORTH+ vAGYW; as of June 30th, a cumulative number of reached in FY17 was 19,402. 33,255 v AGYW have cumulatively been reached for both FY 16 & FY17. Via the WORTH+ platform, and a cumulative total savings of TZ 543,647,130 (\$245,803) and 22,603 loans has been disbursed for a total of TZ 557,667,458 (\$252,142)
- Furthermore, 11,216 vAGYW were registered and provided with mobile phones (in-kind donation from MIC Tanzania, or “Tigo”) as part of the cash transfer program (CTP) in Kyela (1,777) and Shinyanga MC (9,439) (cumulatively 92% of annual 12,144 CTP target)
- Finalized SOPs for a pilot Community ART study (implemented collaboratively with Population Council); approval from NACP has been obtained to commence implementation (the study commenced in July 2017 in Njombe and Mbeya)

Despite these achievements some key challenges remain. Examples of the key ones include:

- Low HIV positivity yield & low enrollments into care and treatment in some of the councils
- Reduced HTS & BCC service uptake by MSM following the drop of MSM peer educators
- Lack of money among AGYW groups to cover the cost for registration of vAGYW worth+ groups

In Q4, Sauti plans to continue analyzing and developing plans to address the above mentioned challenges.

FY17 Q3 ACHIEVEMENTS

Introduction

This quarter three of FY 17 was marked by organization of several consultative meetings with the key project stakeholders to introduce or resume provision of comprehensive package of services to KVPs, in new and old Sauti regions and councils respectively. The main goal of these meeting was to share the news about the newly released KVP guidelines (April 2017) with the

stakeholders, discuss the importance of LGAs to continue providing targeted HIV prevention services to KVPs, and seek guidance on how best to provide services in a culturally accommodative manner. Engaged in these meetings were: Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC); Tanzania Commission for AIDS (TACAIDS); Regional Administrative Officials, including the Regional Commissioners, Regional Administrative Secretaries and Regional Medical Officers; Local Government Officials, including the District Commissioners, District/Municipal Executive Directors (DED), District Administrative Secretaries, District/Municipal Medical Officers; as well as regional program management teams and CSOs. Through these meetings, Sauti project intensified collaboration with key stakeholders. Various LGA representatives at regional and council level were engaged in planning and implementation of the project activities.

Following a strengthened collaboration with Regional Secretariat and Local Governments, in Q3, Sauti project was able to expand its geographical coverage from 11 regions (39 councils) in Q2 to 12 regions (42 councils). The new councils are Masasi, Newala, and Songwe (in Q4, services will be expanded to Iramba and Manyoni District Councils in Singida Region). Additionally, the increased collaboration with CHMT has resulted into a remarkable improvement in availability of HIV rapid test kits and FP commodities as compared to the previous quarters. Furthermore, under the leadership of the DMO and CHMTs have continued to support the Sauti project activities by providing biomedical service providers who join Sauti biomedical providers during their off-duty times, weekends, nights and public holidays. Currently about 50% of the biomedical providers for the Sauti project in each region are employees from public and/or private health facilities overseen by the Regional and District authorities. Besides complementing the Sauti team efforts to CBHTC+ and HBTC+ services, the exposure that these providers are getting is helping them to provide KVP friendly services at their health facilities of origin. This arrangement plays a pivotal role in ensuring sustainability of KVP HIV interventions beyond the life of the project.

One of the key strategic goals for Sauti is to ensure that all the newly identified HIV positive KVPs are enrolled to CTC for ART initiation. In the previous quarters, Sauti continued to face both unacceptably lower yield and CTC enrollment rates. In this reporting period Sauti conducted a robust “participatory root - cause analysis” aimed at identifying the main barriers to achieving the PEPFAR set targets. As a remedial measure, the project introduced an “individual provider’s performance management and monitoring” system. Using this approach, individual providers set their yield and enrollment targets on a daily basis whereby each provider is expected to identify at least one HIV positive client and link at least one client to CTC (the latter might not have been identified on the same day). The provider’s performance against the targets set is monitored via WhatsApp groups, as well as the Sauti real-time Data Dashboard. Every week the Sauti Regional Management Team (RMT) team holds a meeting with underperforming staff to learn about the reasons for failure to reach targets, and afterwards provide a tailored coaching and support to help the staff improve. This approach was applied to both Sauti hired staff and government staff working on locum basis.

As a result of these efforts, Sauti project has increasingly continued to identify more PLHIV among KVPs and ensuring that the newly identified PLHIV are enrolled on treatment. Table 1 below provides a summary of achievements:

Table 1: Summary of Cumulative Sauti Project Achievements (FY15-FY17)

Indicator	FY15	FY16	FY17			FY15-17 Cumulative
	Aug-Sep15	Oct15-Sep16	Oct-Dec16	Jan-Mar17	April-June17	
KVP received HTC	9,485	653,482	31,443	199,661	132,287	1,026,358
KVP Tested HIV pos	535	17,157	1,363	7,269	10,975	37,299
Confirmed KVP Enrolled to CTC	65	4,922	690	4,470	7,923	18,070
KVP received FP	427	9,575	755	10,721	18,118	39,596
KP received SBCC education - KP Prev	753	55,282	1,060	21,996	10,216	89,307
vAGYW received SBCC group education - PP Prev	-	67,835	3,162	37,598	18,703	127,298
vAGYW/FSW enrolled in saving and loaning groups (WORTH+) - OVC Service	-	23,815	2,017	12,590	4,908	43,330
Cumulative vAGYW/FSW savings in TZS	-	416,611,250	172,753,050	332,768,229	38,125,851	960,258,380

Progress to PEPFAR Targets by programmatic areas

Figure 1. Cumulative Progress to PEPFAR Target by Quarter and by Indicator including DREAMS (Oct 2016-June 2017): Percentage of Target Achieved in Each Quarter:

Figure 1 represents Q3 progress towards achievement of annual targets (i.e., PEPFAR, EJAF, and Program Indicators). Q3 target was reached for BCC indicators (PP_prev and KP_prev), STI PPT and family planning. Due to the delays in timely startup of Q1 activities and also rolling out interventions to the new regions (Songwe, Singida, and Mtwara), achievement for some of the indicators currently stand at about 50% (plus or minus). To address this gap, Sauti Project team continues working with LGAs, NACP, TACADS, and PO-RALG to fast-track implementation. We are already seeing improvements during the first month of Q4. Plans for NACP and TACAIDS to share the new KVP guidelines with a broader audience of regional stakeholders are still ongoing; Sauti hopes that once this process is finalized, operations will run more smoothly.

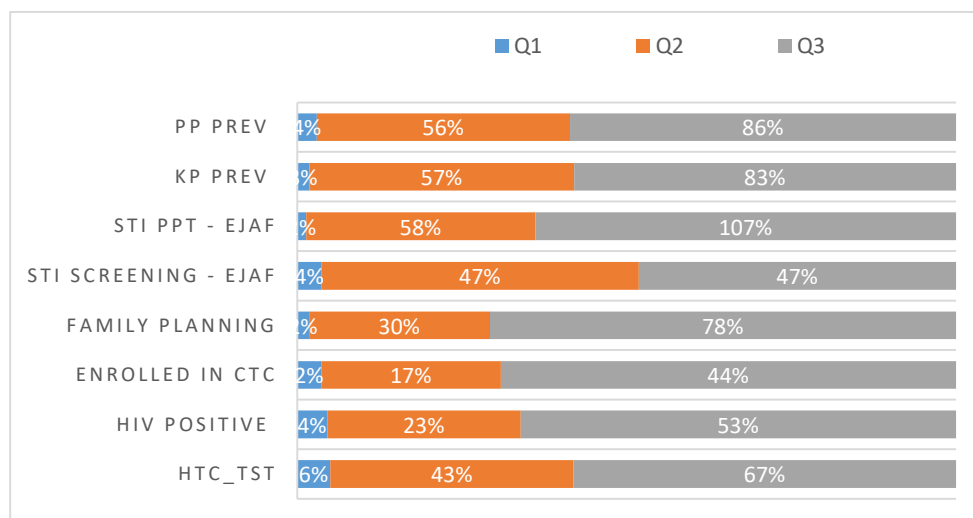
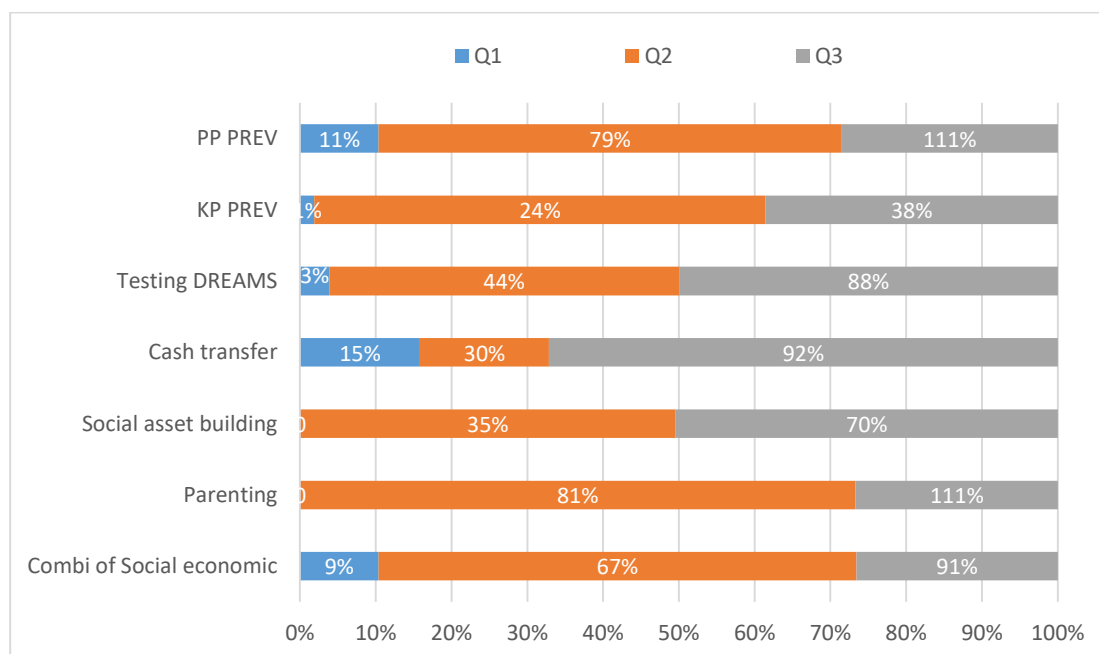


Figure 2. Cumulative Progress to PEPFAR Target by Quarter and by Indicator, DREAMS only (Oct 2016-June 2017): Percentage of Target Achieved in Each Quarter

Figure 2 describes progress towards achievement of DREAMS-specific indicators, by quarter and cumulatively. Except for KP_prev, achievement of the rest of indicators surpassed the expected target for Q3. KP_prev was underachieved due to rising security concerns (police raids) and most who were working out of their houses, were not identifying as sex workers, and therefore they were extremely harder to reach. The project is confident that via vAGYW group education and WORTH+ sessions, we have captured girls who make more than 50% of their livelihood via exchange for money, goods or services, and have already put more efforts in Q4 to put more emphasis in the categorization. In future, the project aims to ensure targeted recruitment of younger FSW peer educators who also have networks with other younger FSWs.



KEY ACTIVITIES PER OBJECTIVE AND NEW STRATEGIES IN Q3

Key activities and new strategies are highlighted in the narrative. Remaining non-key/continuing activities planned for Q3 are included at the end of each objective in a brief bulleted summary. All activities retain the FY17 work plan numbering for ease of tracking completion status.

Objective 1: Implement a package of core and expanded biomedical HIV prevention and FP interventions, with enhanced linkages to care and treatment, and support services

1.1 Strengthen biomedical services in 24 councils and scale them up to additional 16 new councils in 12 regions: In quarter three Sauti Project continued to intensify the provision of biomedical services to key and vulnerable populations and other hotspots population in collaboration with local government's authorities (LGAs). The services were provided in 38 councils out of 42 councils. Within this reporting period, biomedical services were introduced in three additional councils which are, Masasi and Newala in Mtwara region and Tunduma in Songwe region. The project continued to engage trained community based HIV service (CBHS)

providers and trained project and government health care providers to assist in provision of biomedical services especially in the councils which are lagging behind to reach the annual targets (affected by the slow start in Q1).

Note: The MOHCDGEC has already introduced Sauti Project to the Regional Secretariat (Singida). Currently, council level introductory meetings are ongoing. We expect that by end of Q3, the project will be fully operational in both Iramba and Manyoni District Councils.

With the increased focus on identifying undiagnosed PLHIVs and facilitate their linkage to CTC for prompt initiation of ARVs in line with the newer Test and Treat guidelines, during this reporting period, Sauti project intensified the use of partner notification approach (in both HBTC+ and mobile CBHTC+ service delivery platforms) to reach high risk populations with HTS and other biomedical services. The team efforts focused on mapping, targeting and reaching HIV infected beneficiaries and immediately enroll them to CTC by engaging HBC volunteers (HBCV), CBHS providers, and key informants.

To ensue effective linkage to services, Sauti project continued to strengthen escorted referral of HIV positive beneficiaries, IUD and permanent FP methods to the government facilities. In selected councils where the RACCs and DACCs agreed, enrollment was offered on site by government providers from CTC while providing intensified post-test counseling to ensure that clients go to CTC for initiation of treatment. As a result of these efforts, a total of 132,287 KVP received HIV testing services (HTS), where 10,975 (8%) tested HIV positive, and 7,923 (72%) were enrolled to CTC during the reporting period.

Besides HIV counselling and testing services, Sauti project also intensified provision of FP services to FSW and AGYW. During the quarter, a total of 12,290 FSW and 5,828 AGYW received FP methods. Biomedical services were provided to SBCC and WORTH+ groups as a part combination prevention. Under the EJAF grant, Sauti continued rolling out STI periodic presumptive treatment (PPT) to 9,917 FSW; 7,707 screened for syphilis with rapid test, 278 diagnosed positive, and 250 received treatment.

New activities/innovations in Q3

In the previous quarters, Sauti reported low yield in most of the SNUs as one of the major challenges. As a strategy to address this gap, a robust participatory “root-cause” analysis was conducted at the end of Q2 to identify the key underlying causes. The identified underlying causes included: (1) Limited access to the CTC index lists through the C&T implementing partners (IPs) for Sauti to use for family/ partner testing, (2) Stigma and fear among KP beneficiaries and CBHS providers, due to the then extremely challenging political/legal environment, which limited service access and utilization, (3) Limited providers’ competence in conducting partner notification (as this was a new approach launched in FY17 Q1 & Q2).

As a remedial measure, Sauti engaged and collaborated with LGAs to develop and implement the following corrective measures which were, (1) advocacy with C&T IPs & R/DACCs on the importance of sharing list of positive clients to facilitate partner notification and family testing, (2) strengthening the use of partner notification as a way to reach the HIV positives, and (3) establishment of “individual performance based management & monitoring system” for all providers, where by each biomedical provider sets a daily goal of diagnosing at least one new positive and linking at least one person to treatment (often not the same person if the person was diagnosed after clinic working hours). The use of WhatsApp groups and the Sauti Data

Dashboards were used for sharing and tracking both council and provider level performances.

As a result of implementing this system, there has been a remarkable increase in yield from 4% in Q2 to 8% in Q3, featuring a significant monthly increase particularly in May and June (15-16%).

Also, Sauti project in collaboration with Population Council (through Project SOAR), NIMR-Mwanza and NACP, rolled out the community ART study in Njombe & Mbeya regions. Prior to implementation of community ART, SOP, tools, and curriculum were developed and approved by NACP. In this reporting period, Sauti conducted sensitization meetings with all LGAs, and also established strong linkages with the government care and treatment clinics (CTC) within the study areas. In addition, training of the CBHS providers and health care providers was conducted. Other pre-study preparations accomplished in Q3 included securing of ARVs, and establishment of a daily reporting system. Currently the program is up and running well.

Furthermore, in an effort to reach the FP targets, Sauti project rolled out targeted FP campaigns for AGYW during the Uhuru torch in all councils; the campaigns were conducted in full coordination and partnership with the DRCHCs, and commodities were secured through the national system. This approach led to an increase of FP service provision from 3,289 AGYW in Q2 to 5,828 at the end of Q3. This approach will continue in Q4 by piggybacking on other region/district events, e.g., Saba Saba and Nane Nane.

1.3 Partner with other regional organizations to ensure continuum of care and reduced HIV transmission: In order to provide a continuum of care and/or improve HIV treatment cascade for infected KVP, Sauti project continued to strengthen collaboration with other implementing partner (IPs) and particularly the facility-based ART IPs. In this quarter, a total of 25 meetings were conducted with ART IPs (central & district levels) and other project stakeholders. Besides, discussing effective linkage to treatment, the meetings also looked into collaborative strategies for tracing lost to follow up, sharing of CTC index client's information for reaching their partners or siblings with unknown HIV status for HIV testing and linkage of services or interventions.

New activities/innovations in Q3

During this quarter, Sauti project strengthened partnerships with the OVC implementing partner (through Kizazi Kipya), USAID Boresha Afya; and the Tulonga Afya Project (formerly named CPICI). The following were achieved:

- HTS services and linkage for OVC and children of KVPs
- Strengthening of region/council level cascade data reconciling meetings
- Sharing of communication needs for KVP programming (e.g., ART literacy, partner notification)

Supply chain management: Sauti Project continued to work closely with the regional and district laboratories, laboratory technologists/technicians, pharmacists and zonal MSD commodities focal persons to forecast and monitor HIV Rapid Test Kits (RTKs) and FP commodities stock status. In this reporting period, a shortage of HIV RTKs was reported in Dar es Salaam, Shinyanga and Njombe regions; as a result, Sauti supported the timely redistribution of the kits from other project sites, while awaiting consignments from MSD.

1.5. Train biomedical team on key clinical services: The roll out plan for the FP training for 22 Sauti providers was developed. Currently, discussions with the RCHS team is ongoing with the expectation to roll out the training in August 2017.

1.6. Support quality control and assurance for HIV rapid test: Sauti project continued conducting Internal Quality Control (IQC) for HIV rapid test in all regions and councils in accordance with the national guidelines to ensure clients receive accurate results. The project continued to engage District Laboratory Technologists/Technicians (DLTs) to provide supportive supervision. This has resulted in improvement of documentation in the national HIV log books.

1.7. Supervision from regional NACP/RCHS/TACAIDS: Sauti project continued to host R/CHMTS in all regions for the supportive supervision in biomedical services in all modalities (CBHTC+ and HBTC+) for the purpose of assessing if the services are aligned with the national guidelines, standard operation procedures, and national monitoring and evaluation tools usage. Overall, they were impressed with Sauti project, especially on issues related to confidentiality and on the cost effective modalities of reaching KVPs through the partner notification approach. In some of the regions (e.g., Shinyanga), some LGA leaders were questioning the partner notification strategies, and therefore Sauti is planning to clarify about this strategy in the upcoming regional/council stakeholders' meetings (scheduled for FY17 Q4 and FY18 Q1).

1.8. Provide technical assistance to MOHCDGEC, TACAIDS and other ministries in the provision of preventive and clinical services to KVP: During the reporting period, Sauti Project provided support to the MOHCDGEC to convene a national TWG meeting to finalize the review of STI guidelines and drafting national STI training curriculum and M&E tools; final drafts will be shared with NACP in August 2017. The project also provided financial support to pay for the consultant and organize first workshop for the review of the national HTS guidelines and technical review.

Supporting Tables and Figures for Objective 1:

Figure 3 below describes the HIV testing cascade and the yield progress, by quarter, for the period of 1st October 2016 – to – 30th June 2017. When comparing HTS increase from Q1 (31,443) to Q2 (231,065) to Q3 (132,287), it shows the significant increase in the additional number of HIV infected beneficiaries identified by the project, where Q3 found about 10,975 HIV positive KVP as compared to 7,269 in Q2)

Figure 3. Cumulative HIV Testing Cascade and the Yield Progress, by quarter

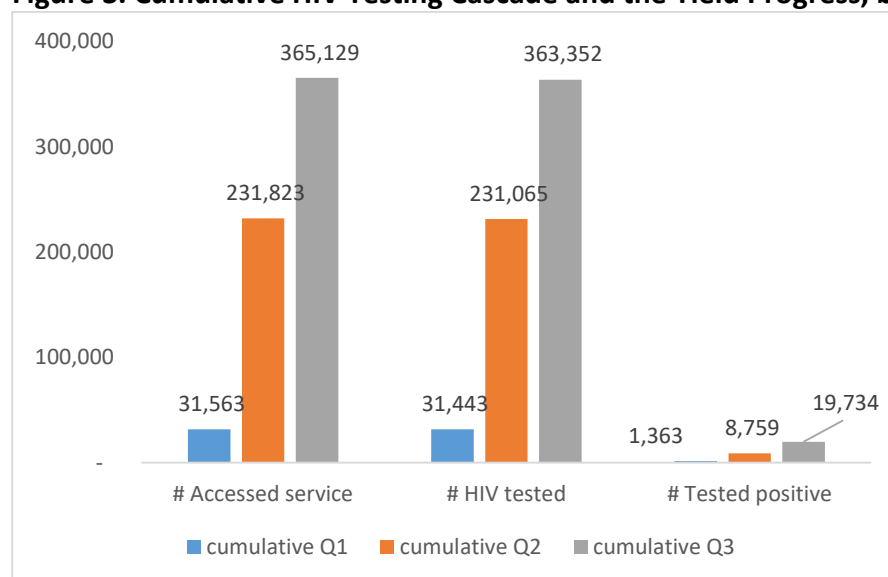


Figure 4 shows the yield in quarter three by region. With the exception of Dar es Salaam region (6%), all other regions have greatly surpassed the 7% expected yield target, as indicated by the red dotted line. Such improvement compared to Q2 when only one region had met the target, is related to the significant level of effort played by the entire Sauti project team in closely monitoring the daily progress to target assigned to each individual biomedical provider either from the project or the government team through the WhatsApp-based application, Data Dashboard and the daily providers' feedback to their direct supervisor in the event that the individual target wasn't met. This is a resource-intensive approach, but it proved to be extremely successful in our setting. Furthermore, the team increased efforts towards partner notification and strengthened the partnership with CTC and C&T implementing partners in order to access that index list. We will continue to put in more efforts to reverse past yield reports and meet the annual HIV positive target (more details are provided in objective 1.1 above).

Figure 4. Regional Yield in quarter 3 (Apr-Jun 2017)

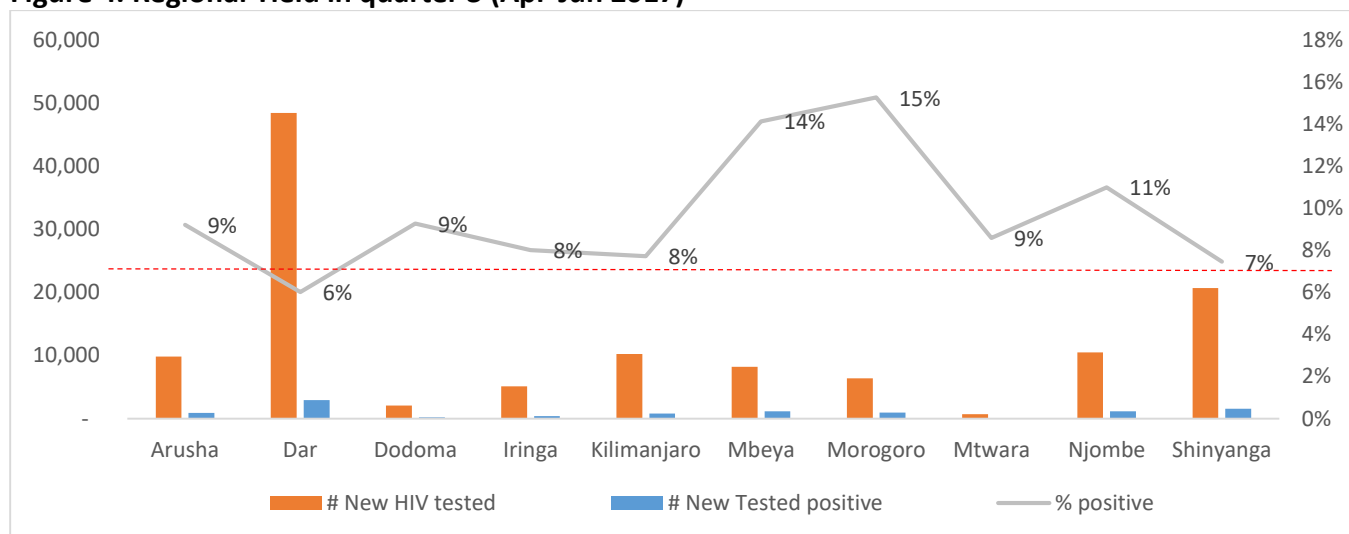


Figure 5 below describes the quarterly trend of the yield by population category, where Q3 is featuring an important increase across all populations, and particularly for FSW and their partners, for which yield increased by two folds, as well for children and other hotspot population (OHSP), whereby yield increased by three folds. In addition to the reasons for increased overall yield in all KVPs as explained in objective 1.1 above, the variable KVP group specific increments in yield were caused by some other group specific additional factors. For instance, the FSW and PFSW yield increase is also attributed to the moonlight testing events which attract lots of high risk clients; pediatric increase in yield is due to the project's focus on testing children of the HIV infected KVP. The increased yield amongst OHSP is related mostly to the index testing.

Figure 5. Yield by population category and by quarter

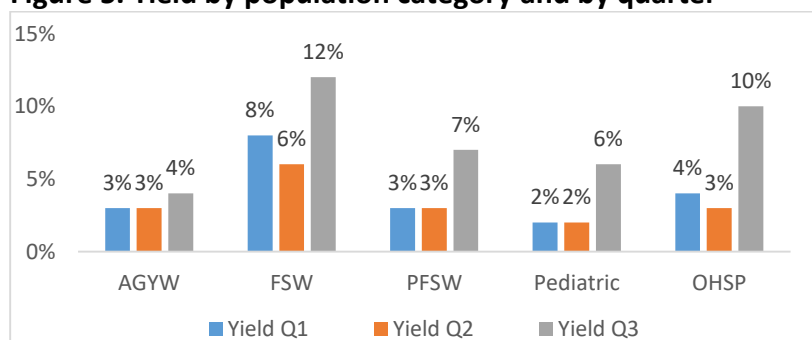


Figure 6 shows the cumulative enrollment into care and treatment (C&T) of the newly identified HIV infected KVP by the project. By end of June 2017, the report shows a cumulative increase of about 5,000 more HIV infected beneficiaries who were enrolled at care and treatment clinics (CTC). This attributed to the intensified escorted referral by community-based HIV service (CBHS) providers (formerly named peer educators) and by home based care volunteers (HBCV), under the district case managers monitoring and supervision. For some councils, onsite enrollment has also contributed to this increment. During this reporting period, enrollment rates increased from 51% in Q1 to 66% in Q 3. Figure 10 below shows the new HIV infected and CTC enrolled by region in Q3 only, where eight over the 11 reporting regions reported enrollment rates of over 74% (substantial increment as compared to previous quarters). Targeted efforts have been allocated to Dar es Salaam, Mbeya, and Dodoma regions to also increase their enrollments.

Figure 7. Cumulative Care & Treatment Enrollment Cascade, by quarter

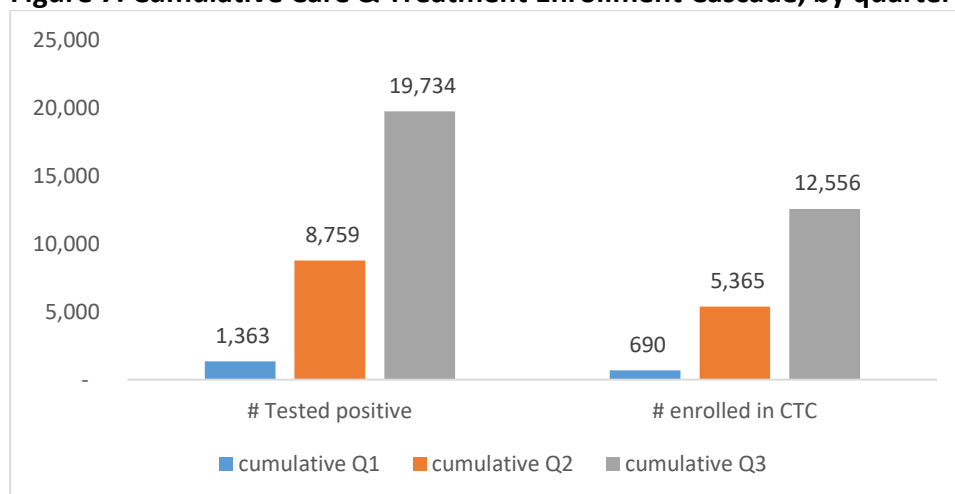


Figure 8. New Care & Treatment Enrollment rates, by region and by quarter

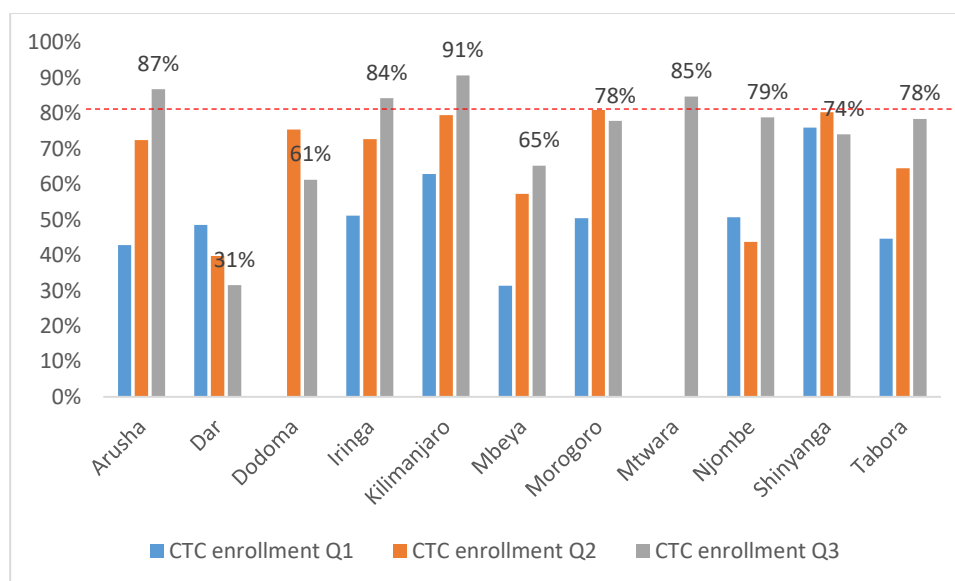
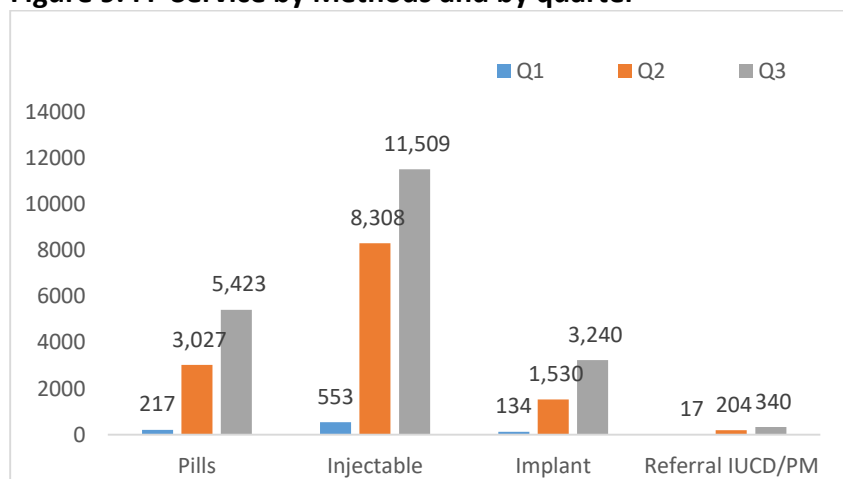


Figure 9 illustrates FP uptake by method and by quarter; like in previous quarters, in Q3, about 60% of beneficiaries is represented by FSW, and 30% by AGYW; the remainder being other

women of reproductive age. The Sauti team continues working with the regional and district reproductive and child health coordinators, procuring supplies and monitoring the actual delivery as well as ensuring that biomedical providers offer FP counselling starting from long to short acting methods on voluntary basis using national FP guidelines.

Figure 9. FP Service by Methods and by quarter



Objective 2: Deploy interventions designed to reduce individual risk behaviors and strengthen support for positive social norms and structures, and address gender at the community level

2.1. SBCC Curricula Evaluation: Building upon the work conducted in quarter two on the evaluation of the FSW and AGYW SBCC curricula, during the current reporting period, Sauti project started transcribing and translating the information from Swahili to English. We anticipate to finalize data analysis and report in August 2017, and the stakeholder workshop to disseminate the findings and plan the curricula review will take place in September 2017.

2.2. Review SBCC Curricula: The final review of the SBCC curricula did not take place (awaiting the evaluation report and the stakeholders workshop). However preliminary edits were made to both the FSW and AGYW curricula through the support of subject matter experts from EngenderHealth headquarters, and those changes were incorporated into the ongoing SBCC sessions for FSW and AGYW respectively.

2.3. Continue Rolling Out Demand Creation and Behavior Change Education for KVP: During this reporting period, SBCC team continued engaging CSOs to roll out individual and group education among KVPs in all regions. As the result, 18,703 vAGYW and 10,141 FSW completed a minimum package of SBCC education. vAGYW Social Asset Mapping tools and the vAGYW Index continued to be used as part of the SBCC and demand creation activities.

2.4. Demand Creation: Sauti team and CSOs supported demand creation for integrated community-based HTC and FP services by identifying local events where KVP at high risk were gathering such as: mobilizing mine workers; organizing FSW at brothels/hotspots; contacting the KVP through phone calls and WhatsApp and supporting the moonlight events for KP and FSW sexual partners.

2.5. EJAF supported mHealth platform for engaging MSM in HIV prevention services: Following the recent changes in the legal landscape and in consultation with EJAF, this activity was put on

hold. At the moment Jhpiego/Sauti is working closely with the EJAF grants team to reprogram the EJAF funds.

2.6. Roll out support groups: Trained CBHS providers from the CSO have continued to rollout alcoholic rehabilitation groups among FSW in Dar es Salaam: 110 FSW have been enrolled into ten groups which were facilitated by 14 trained CBHS providers. Furthermore, following the partnership with NACOPHA, 48 HIV infected FSW were supported to establish 4 PLHIV support groups, where the NACOPHA along with the Sauti curriculum were integrated and offered to the group's members.

2.7 Promote gender equity: In this quarter, Sauti project conducted gender equity assessment at CBHTC+ sites to assess their gender-sensitiveness and ability to provide respectful care for KVPs. The gender standards/respectful care standards used provided an opportunity for Sauti providers to: 1) understand the key components of respectful and gender-sensitive care, 2) measure compliance to these performance standards, 3) identify performance gaps that need to be addressed or eliminated in service delivery, and 4) create action plans for quality improvement. The findings of these assessment are integrated into the larger Sauti Q3 strategy, they are currently under analysis, and a report will be shared in Q4.

In line with addressing some of the gender equity gaps, the SASA! start and awareness phase interventions have continued to be rolled out in all DREAMS councils through Drama activists. The MOHCGDE through NACP has approved SASA! Materials, therefore in Q4, community activists and champions will start rolling out community interventions.

2.8 Conduct GBV screening: Sauti has continued to strengthen the skills of providers to conduct GBV screening using national guidelines and project developed SOPs. In this reporting period, health care providers at all CBHTC+ continued to conduct GBV screening and escorted referrals in all regions and councils in which the project is operating. As a result of GBV screening, GBV survivor rates reported increased from 12 % in Q2 to 14 % in Q3 (i.e. 2225 to 2637).

2.10 Pilot GBV Screening at SBCC/WORTH+ Groups: With the aim of increasing identification of post GBV survivors, the project piloted the use of CBHS providers and empowerment workers, respectively in conducting GBV screening at SBCC and WORTH groups in Kahama TC. Prior to this, only health care workers were conducting GBV screening. The use of CBHS and EWs improved reported GBV survivor rates by about two - folds higher than the rates reported by CBHTC+ and HBTC+ providers. The assumption behind the increased number of cases detected when screened by peers during SBCC/WORTH+ groups could be related to the longer duration peers spend with the GBV victims and in building trust and cohesion necessary to facilitate disclosure.

2.11 Creating enabling environment for reducing stigma and discrimination: In this reporting period, Sauti project conducted a one day GBV sensitization meeting to 10 Police officers from the gender desk and other GBV stakeholders in Tabora Municipal Council. These meeting aimed at sensitizing Police and Gender Desk Officers on the concepts of gender, gender-based violence, and sexuality, with particular focus on how they all affect KVP disproportionately and increase their risk of acquiring HIV. This was also intended to raise awareness and understanding of how stigma and discrimination and violation of human rights damages people's lives and can reduce participation of KVP in their communities and the countries' development, hence further exacerbating their risks of HIV infection. The training was well

received by the police officers.

2.12 Provide technical assistance to MOHCDGEC and TACAIDS: In this quarter, Sauti worked closely with NACP to finalize the development of IEC material for KVP (in alignment with the revised national KVP guideline), including SASA! and DREAMS –specific materials. Procedures for printing are underway. Final materials will be shared with USAID in Q4.

2.13. WORTH+ Group Start up Activities

Management Committee Training (MCT) and Literacy Volunteer Training (LVT) were conducted in Q3. In total, 145 EWs and 12 CSO Staff (2 from each CSO) in all 6 DREAMS councils in Shinyanga, Mbeya, and Dar Es Salaam were trained. This being a cascade training, the trained EWs further conducted 3-days MCT trainings for 1,363 group leaders and 2-days LVT trainings for 481 literacy volunteers in the respective councils. The purpose of the MCT was to capacitate group leaders to manage groups and facilitate financial record keeping, while LVT was aimed at equipping knowledge to literacy volunteers on how to support literacy sessions in WORTH+ groups.

2.14 Roll out of WORTH+ Groups: By end of Q3, a total of 33,459 vAGYWs were cumulatively enrolled across all the 6 DREAMS councils. During this quarter, a cumulative savings of TZS 543,647,130 was reported and 22,603 loans with a value of TZS 557,667,458 were provided to beneficiaries.

The AGYW vulnerability index tool was administered to enroll eligible AGYW in WORTH+ groups. The mobilization of beneficiaries was done from venues mostly frequented by vAGYW including CBHTC+ sites, local bars, guest houses, and saloons.

EWs continued to roll out the weekly economic empowerment sessions (financial literacy, community banking), SBCC and gender transformative HIV prevention and family planning, and better parenting curricula to WORTH+ group members.

2.15: Support economic empowerment innovations

Age appropriate monitoring: Sauti project facilitated participation of WORTH+ AGYW in the Skills Development Program (SDP) through VETA selection process. In total, 17 vAGYW were successful and are expected to participate in a 6-month SDP under Plan International with funding from the European Union (EU). Plan International and Pact-Sauti joint partnership implementation plan is being developed and will be finalized and signed in Q4.

Furthermore, 18 WORTH+ groups with 434 members were sensitized and linked with Ward Agricultural Officer (WAO) for technical support in Ipinda ward, Kyela district. One group which received cash transfer had started rice farming and managed to acquire 4 acres of land.

WORTH+ AGYW Graduation from Sauti Program

Following the development of the Household Economic Wellbeing Index (HEWI) tool, a rollout plan has been developed for those groups that have reached the 18 months' maturity. Sauti Project will assess vAGYW vulnerabilities and track their progress towards economic resilience (based on Livelihood Pathway Model[LPM]), before determining that they are ready to graduate from the group; the assessment is planned in August 2017, and findings will be shared in September 2017 and as part of quarter four report.

Digitalization of Group-Level Recordkeeping: Digitalization of group-level recordkeeping was postponed to Q4 to allow delivery of smartphones from Tigo. Sauti project is following up with Tigo to ensure delivery of the phones takes place early in Q 4 for digitalization to start.

Partnerships for Expanded Economic Empowerment Impact: In attempt to leverage resources and increase support from other project for our beneficiaries, vocational training for Sauti vAGYW with the support from Kizazi Kipya Project was delayed due to delayed fund from DREAMS funding stream. However, to formalize the process, a draft Joint Project Implementation Partnership Agreement is under review and will be finalized and signed in quarter four.

Address sustainability issues: During this reporting period, a total of 147 groups (2 in Kyela and 145 in Shinyanga) were registered under LGAs. Registration cost varies between regions with Dar es Salaam emerging the highest at a tune of TZS 50,000, Kyela TZS 30,000 and Shinyanga TZS 10,000, with additional costs for lawyer stamping and stationeries cutting across the regions. Registration cost has been identified as one of hindrance factors to accelerate WORTH+ groups registration especially in Dar es Salaam (Temeke Municipal Council). Sauti project is currently advocating with the regional secretariats and local governments (starting with those charging the highest fees) to consider subsidizing the registration fees for vAGYW groups.

Supporting Tables and Figures:

Table 1: Summary of reach to FY 17 target on DREAMS Indicators, as of June 2017

Council	Combination of Socio-Economic Empowerment						Social Asset Building			Parenting					
	15-19 Years			20-24 Years			15-19 Years			15-19 Years			20-24 Years		
	Target	Progress	%	Target	Progress	%	Target	Progress	%	Target	Progress	%	Target	Progress	%
Temeke MC	1,636	1,386	85%	2,845	1,889	66%	1,636	1,253	77%	196	213	109%	863	772	89%
Kyela MC	1,408	1,293	92%	2,845	2,578	91%	1,408	1,054	75%	169	219	130%	550	691	126%
Kahama TC	2,649	2,654	100%	1,161	1,371	118%	2,649	1,323	50%	318	396	125%	1,016	875	86%
Msalala DC	1,797	1,691	94%	788	815	103%	1,797	1,220	68%	216	542	251%	689	637	92%
Shinyanga MC	2,232	2,006	90%	984	1,002	102%	2,233	1,801	81%	268	502	187%	861	809	94%
Ushetu DC	2,046	1,792	88%	897	925	103%	2,046	1,642	80%	246	381	155%	785	795	101%
TOTAL	11,768	10,822	92%	9,520	8,580	90%	11,769	8,293	70%	1,413	2,253	159%	4,764	4,579	96%

Table 2: WORTH statistics on beneficiaries and number of savings accumulated (in TZ Shillings), as of June 2017

Region	# of Cumulative Groups in 17		# of Cumulative Groups in 16		Total (Groups)	# of Cumulative Beneficiaries' FY 17		# of cumulative Beneficiaries' FY 16		Total Beneficiaries	Cumulative Savings	# of New Loans in Q3	Value of New Loans in Q3
	15-19	20-24	15-20	20-24		15-19	20-24	15-19	20-24				
Temeke MC	64	78	0	64	206	1386	1889	1028	712	5015	23,763,200	133	8,855,900
Shinyanga MC	86	43	0	107	236	2006	1002	848	1595	5451	131,223,970	5,143	187,914,550
Msalala DC	72	39	0	208	319	1691	835	2091	2433	7050	97,577,400	3,393	66,074,200
Kahama TC	108	61	0	0	169	2654	1388	0	0	4042	48,379,050	1,642	37,394,300
Ushetu DC	81	43	0	102	226	1792	925	1184	1503	5,404	122,829,710	5,146	138,733,408
Kyela DC	56	113	39	61	269	1313	2634	1149	1401	6,497	119,873,800	7,146	118,695,100
Total	467	377	39	542	1,425	10,842	8,673	6,300	7,644	33,459	543,647,130	22,603	557,667,458

Objective 3: Execute a robust research and learning agenda

In Q3, Sauti continued to implement operational research activities as per USAID-approved research and learning agenda developed in FY15 (further refined in FY16). Below are the updates on the progress as of end of Q3:

3.1: Conduct Enumeration and Mapping of KPs: With technical support from the KP Mapping & Enumeration Consultant (who is also a member of the project's Technical Advisory Group), the NIMR-Mwanza research team continued to conduct data analysis collected physically and virtually. A series of meetings were held with Sauti regional teams to triangulate the KP size estimates with Sauti programmatic reach data. In addition, a technical mapping workshop on extrapolation of data to non-mapped wards was conducted in June 2017. Various estimates computed include:

- **Unadjusted estimates:** Estimated number of reachable KPs at hotspot level over one week.
- **Mobility adjusted estimates:** Estimated number of reachable KPs at ward level over one week adjusted by inter-spot mobility.
- **Frequency and mobility adjusted estimates:** Estimated number of reachable KPs at ward level over one month adjusted by inter-spot mobility and visit frequency.
- **Frequency, mobility and hidden population adjusted estimates:** Adjusted for all the above covariates.

A meeting with USAID SI team to share these preliminary findings will be scheduled during quarter four.

3.2: Formative research for MSM and FSW: Data collection for two formative research studies (MSM & FSW) was completed in Q2. During this reporting period, Sauti research team continued with the transcription and translation of research data, data cleaning, and analysis of the ACASI data. Descriptive analysis of the data started and it is still on going. Preliminary data is currently being used to inform programming. The exercise is expected to be completed in Q4.

3.3: Research on cash transfer interventions among vAGYW (CARE study): Sauti project planned to carry out a three-arm cluster randomized controlled trial in Shinyanga to evaluate the effect of cash transfer amongst vAGYWs on the following outcomes: HSV2 status, HIV prevalence and surrogate parameters of risk such as transactional sex and concurrent sexual partnerships.

In June 2017, NIMR research team conducted a preliminary visit to the CARE study clusters to assess the following: (i) adequacy of sample size in a study cluster, (ii) functioning of economic strengthening (WORTH+) and BCC sessions (particularly the completion status of these trainings by AGYW in the clusters), (iii) study participants' literacy, (iv) life amenities for research staff in the field (availability of power for charging tablets, water, accommodation etc.). During the visit, the research team learned that the uptake of WORTH+ by AGYWs was very high which means that the "Cash Transfer (CT) + BCC arm" will be devoid of enough study participants/clusters. Due to this, the study design had to be amended (i.e., reduced the number study arms from three (3) to two (2)). This will not affect the study outcomes.

Note: The resubmitted protocol was approved by JHU IRB in July 2017; submission of the study protocol amendments to NIMR was done on 27th July 2017. The team is waiting for NIMR approval. Data collection is scheduled to commence on 28th August 2017, pending NIMR IRB approval.

3.4: Pilot STI periodic presumptive treatment for female sex workers and men who have sex with men (EJAF supported activity): As part of the EJAF public-private partnership, Sauti Project planned to implement a pilot study of STI periodic presumptive treatment amongst FSW and MSM. The protocol received NIMR IRB approval in FY17 Q1, but the JHU IRB suggested some changes; following this feedback, the protocol was revised and resubmitted to JHU for another review (approval received on 29th June 2017). In Q3, the Sauti team started working on the amendments of the NIMR's approved protocol ready for resubmission in July (already resubmitted, now waiting for feedback from NIMR).

3.5: Publish results of desk reviews on KVPs in Tanzania, sub-Saharan Africa and beyond: Two systematic reviews, both registered on PROSPERO, are currently under development, i.e., *"Delivery and uptake of HIV prevention interventions among men who have sex with men in Sub-Saharan Africa"*, and *"Access to voluntary HIV counselling and testing among female sex workers in Sub Saharan Africa: a systematic review"*. In Q3, the search strategies for the two manuscripts were updated using Cochrane Systematic Review Software (Covidence), and the manuscripts re-written based on the outputs of the Covidence. Currently, the manuscripts are under review by co-authors.

3.6: Convene research sub-committee of the Sauti Project Technical Advisory Groups (TAG) to review progress: Sauti project set up this committee with a purpose of providing technical advice on implementation of the Sauti project and review of the implementation progress. In the past reporting period, the committee conducted a research learning agenda meeting in Dar es Salaam. It was planned for the same meeting/workshop could be held in quarter three. However, the workshop was moved to Q 4.

3.7: The SOAR study – implementing a Population Council driven research activity on community-based ART: In collaboration with Population Council through Project SOAR, Sauti is co-implementing a study aiming at evaluating the impact of the provision of community- vs. facility-based ART provision on testing, linkage to care, retention and virologic suppression amongst HIV infected FSW (Intervention Arm: Njombe region, and Control Arm: Mbeya). In Q3, the following activities were accomplished: finalization of SOPs and data collection tools; site readiness assessments for provision of Community ART; and recruitment and training of research assistants. Rollout of the study will begin in Q4.

3.8: Publication and Knowledge Sharing: From the start-up of the project, Sauti committed to closely engage key stakeholders (GOT through MOHCDGEC and NACP, interested academic institutions, regional secretariat and local governments, etc.). During this reporting report, the research team organised dissemination meeting with NACP, MUHAS and other stakeholders including regional authorities (from Iringa, Shinyanga, and Mbeya) to disseminate findings from mapping study. Prior to that, a meeting between Sauti/NIMR, NACP, and MUHAS to harmonize enumeration and mapping methods and tools was held.

New Activity/Innovations in Q3

3.9: Understanding barriers and facilitators of partner notification and enrolment to Care and Treatment (C&T) service in the Sauti Regions: As described in objective 1 above, despite trainings and ongoing coaching and mentorship of biomedical providers and CBHS providers on the partner notification approach, the operationalization HTS modality has continued to face some challenges. Despite this approach being known (under research settings) to have a high degree of acceptance and leading to a high HIV positivity yield, in several councils, providers were still facing some difficulties. In addition, the enrolment of newly identified PLHIVs to C&T clinics has also remained unsatisfactory despite a tremendous level of competence-based training amongst providers. Due to this, in Q3, the NIMR/Sauti researchers conceptualized and designed an operational research study (quick and dirty) planned to be carried out in four Sauti implementation regions. This study is expected to be integrated with other programming activities, and therefore no additional resources will be needed.

Objective 4: Develop and implement capacity and sustainability building interventions

4.3. Operationalize the Five-Year Sustainability Plan/Transfer Plan to guide the transferring of responsibility and ownership of HIV Prevention/FP Interventions to LGAs, CSOs, and KVPs (plan to include exit strategy from both LGA and CSO engagement): In Q3, Sauti project continued to strengthen LGA & CSO capacity to plan, implement, and monitor KVP interventions at council level. In an attempt to establish strategic partnerships and collaboration with other organizations whose specific focus is on strengthening community structures and systems, Sauti project had a series of meetings with the JSI – led Community Health and Social Welfare Systems Strengthening Program (CHSSP). CHSSP works with the government of Tanzania to strengthen the country's health and social welfare system and to ensure *(i) higher performing human resources for community health and social welfare services (able to support AGYW, MVC, and PLHIV to know their status, improve retention and adherence, and achieve viral suppression), and (ii) more functional, better coordinated community structures and systems (e.g. Multi-Sectoral AIDS Committees, MVC Committees, PLHIV clusters,*

and CSOs) to better serve priority and key populations. However, we learned that their current scope is only to support CSOs implementing USAID's Pact Kizazi Kipya project.

Because Sauti and Kizazi Kipya co-supports five (5) CSOs out of the 20 that are currently funded by Sauti, in Q4, Sauti institutional capacity strengthening team plans to work in close coordination with the Pact team to support those CSOs and the respective LGAs more synergistically to operationalize sustainability plans developed in FY16. Similar meetings were also held with BRAC (Building Resources across Communities) to explore collaboration in other regions/councils. Follow up meetings have been scheduled for Q4.

4.4. Empower local NGOs/CBOs, KVP networks/groups and communities (including KVP PLHIVs) to meaningfully participate in all program elements: In this reporting period, Sauti project finalized the review of CSO management SOP and a CSOs performance monitoring dashboard. The dashboard provides a real-time snapshot in the form of a balance scorecard on CSOs' performance and hence enables both Sauti central and regional teams to be to provide customized support depending on the capacity gaps.

Quarterly financial reviews were conducted for 14 CSOs. The activity involved the review of CSOs' current practices in managing finance and programs, review of CSOs policies and guiding documents such as strategic plans and other manuals, review of invoices and financial documentation submitted for reimbursement, internal control review checks such as authorization and delegation of authority, third party confirmation, and verification of expenses in line with CSOs policies rules and regulations and generally accepted accounting principles (GAAP). Key findings included payroll deduction miscalculations, inconsistency aging analysis monitoring causing increase in advances figures, single entries causing imbalances in general ledger (GL), audit trail of financial documents (filling system some documentation not in files), non-updated personnel files, and level of effort (LOE) calculations in payroll. Sauti supported CSOs partners to analyze the findings, identify the root causes and develop tailored capacity improvement plans. The capacity strengthening plans were incorporated into each individual CSO's CISP.

Sauti regional teams conducted monthly regional joint program, technical, grants, and finance management TA visits to all CSOs in their respective regions.

Sauti CSOs management team also conducted joint quarterly supervision visits to all CSOs as part of activity 4.4.9 (quarterly financial reviews). CSOs were re-oriented on their scopes, budgets, how to track their progress to targets for all Sauti indicators and reporting; (successes, progress, and finance). Tailored support on capacity building was also provided to CSOs.

As a result of these intensified assessments and performance gap analysis, Comprehensive Institutional Strengthening Plans (CISP) were developed for each CSO. In this reporting period, Sauti central staff and regional institutional capacity development (ICD) teams facilitated implementation of CISP for 19 CSOs through coaching and mentorship. The CSOs received coaching and mentorship support in various areas including financial management, planning, monitoring and evaluation and human resources management. The implementation of CISP resulted into the following;

- 17 CSOs submitted timely their monthly invoice reports over the past three months; no CSO had run out of funding. Additionally, number of questioned costs in relations to submission of statutory deductions reduced substantially by end of June 2017 (Note: Sentinel checks

are done to staff and vendors)

- Ten (10) CSOs reviewed their financial and policies to strengthen and improve their internal control system.
- Four (4) CSOs improved their finance management systems
 - HUHESO (with support from CARE International) procured QuickBooks for their use. CARE has supported procurement of the QuickBooks and Sauti project will provide HUHECO with technical assistance to implement the new accounting package
 - TAWREF has procured QuickBooks; Sauti will support its implementation in Q4
 - HACOCA has fully operationalized QuickBooks; all the previous financial data that were manually kept since FY16 have entered the electronic system. Now financial reports are conveniently produced, with improved accuracy, and the risks associated with using Excel sheets in managing funding are mitigated
 - Rafiki SDO has developed the first ever organizational-wide implementation plan that include all projects aligning them with the current strategic plan

The Q3 review of the CISP for the 19 CSOs to assess progress of activities' implementation revealed that, on average, two thirds (63%) of planned activities in the 19 CSOs CISP that were reviewed, were either done or in progress. Table 3 below summarizes the CISP action plans completion rate (number and percentage) for each of the CSOs:

Table 3: Summary of partners' Comprehensive Institutional Strengthening Plan (CISP) actions

Organization	Total CISP actions (Annual)	CISP actions completed/ on track Q2	Cumulative CISP actions completed/ on track	Percentage of CISP actions completed/ on track
DSW	14	7	9	64%
JIDA	25	8	9	36%
BAOBAB	14	8	8	57.1%
HACOCA	24	5	14	58%
KIWOHEDE	41	10	11	51%
KIWWAUTA	26	3	16	61.5%
MBEYA HIV	23	3	7	30.4%
TAWREF	28	3	20	89%
TDFT	23	Not updated	11	48%
TACEDE	32	2	15	46%
PHRSF	12	2	7	58%
WASO	29	11	26	89%
SHIDEPHA+	19	5	17	89%
RAFIKI SIDO	24	Not updated	17	70%
HUHESO	26	Not updated	20	76%
ASUTA	28	9	15	53%
TADEPA	23	14	20	86%
MUKIKUTE	20	Not update	14	70%
SHDEPHA+	23	Not updated	14	60%

As reported in Q2, CHESA was suspended following findings of internal control assessments

which identified some invoiced expenditures with costs that did not meet standards for documentation and validity of program expenditures. Details of the steps taken can be found in the project management section.

Note: The initially planned quarterly Organizational Network Analysis (ONA) of KVPs, LGAs, and CSOs, as well as the annual ONA workshop for KVPs, LGAs and CSOs put hold due to the prevailing legal situation.

New Activity

Sauti's scope and coverage in FY18 will expand remarkably. It is therefore very key to ensure that prior to reengagement of any of the existing CSOs or identification of new ones, CSOs are robustly assessed for their capacity to efficiently and effectively reach targets while maintaining program quality. In view of this, in Q3, Sauti developed a customized performance assessment tool which assesses CSOs capacity, including staffing. This tool was developed based on the Pact's Organizational Performance Index (OPI), with modifications to cater for the current needs. Indicators which measure outcomes were either added or refined. These included: *(i) CSOs capacity to deliver and report the expected results (effectiveness), (ii) CSO's ability to perform or function in the best possible manner with the least waste of time and effort (efficiency) including reaching target population, coverage, and internal capacity development, (iii) extent to which CSOs adopt and consistently implement accepted industry standards as well as lead the improvement of those standards over time (standards), and (iv) sustainability (measured by looking at financial resources and social capital or networking).*

In Q3, Sauti conducted performance assessments for 7 CSOs using the customized CSOs performance assessment tool. Assessed CSOs were ASUTA, WASO, PHSRF, BAOBAB, TACEDE, MNHT and Rafiki SDO. The assessments involved consultations with regional teams, review of existing CSOs documents at central and regional office as well as at CSOs office. Assessments and documentations for the remaining CSOs will be completed early in quarter 4.

4.5. Strengthen LGA capacity through mentorship and coaching: Following the release of the revised National KVP Guidelines, most activities which were withheld in Q2 were either implemented in this reporting period or postponed to the subsequent quarter (FY17 Q4 or FY18 Q1) or dropped completely. Below are the updates for those activities:

- ***Collaborate with LGAs representatives in developing Joint Regional Implementation Plans:*** Under this reporting period a total of 13 Joint Implementation Plan/Memorandum of Understanding were developed and countersigned with 13 Councils (Arusha DC, Ludewa DC, Njombe DC, Njombe TC, Morogoro MC, Mvomero DC, Kilosa DC, Dodoma MC, Kaliua DC, and Uyui DC, Ushetu DC, Kilolo DC and Iringa DC) out of 24 new councils. In three (3) Councils, draft Joint Implementation Plans were developed and got the inputs from respective LGAs, (Meru DC, Kilombero, Makambako DC) these drafts were sent to Jhpiego HQ for their final review and endorsement. MOU/JIP in five (5) new councils in the new Regions are still under progress, to be finalized in quarter four. No MOUs/JIP was developed in three three councils (Kishapu DC, Shinyanga DC and Moshi MC) where Sauti implementation was put on hold
- ***Institutionalize Government Performance Index (GoPI) in LGAs to monitor accountability of public funds for HIV prevention and health services:*** This activity was dropped; to be considered for FY18. Implementing this activity requires a series of coaching and mentorship visits to LGAs combined with hands-on sessions to conduct the GoPI assessments with LGAs. We need a full swing implementation of the current sustainability plan for this activity to be

effectively implemented, i.e., LGAs should implement the capacity development actions first and then utilize the GoPI tool to measure performance change over time; otherwise it does not present value for money. As described above, efforts to engage other implementing partners, e.g., CHSSP will put in place.

- **Conduct quarterly meetings to review LGAs GoPI plans:** This activity has been moved to FY18 because implementing it could not present value for money (reasons same as above)
- **Collaborate with Community Health Systems Strengthening (CHSSP) to coach and mentor LGAs in financial management as per GoPI developed plans:** Not done as explained under activity 4.3.4
- **Collaborate with CHSSP to Conduct joint quarterly supportive supervision visits (with RS-LGA members) to coach/mentor LGAs on various parts of the GoPI developed plans:** This was not done due to same reasons explained under activity 4.3
- **Government Performance Index (GoPI) assessments (for the new regions and districts) to establish baseline data on technical, management, and financial management capacities:** Moved to FY17 Q4 due to potential CSOs re-engagement for FY18 implementation (process done in consultation with USAID contracts office). Scheduled for July 30th to 22nd August 2017.

4.6. Establish Regional Advisory Sub-Committees (RACs) and District Hotspot Advisory Committees, and support annual meetings on program planning, implementation, monitoring, reviewing progress (achievement and challenges), and development of action plans: Under this reporting period, no new Advisory committee was formed. Five committees expected to be established in quarter four.

4.9. Conduct quality improvement activities to ensure Sauti-supported high quality services: During this reporting period, monthly follow ups of quality improvement (QI) plans were rolled out in Shinyanga and Mbeya regions. The objective was to standardize the provision of quality combination prevention services at CBHTC+ and HBTC+ platforms. Sauti staff were oriented on the use of QA/QI SOPs and toolkit for conducting QA/QI periodic assessments. Results were used to discuss how the quality improvement activities were planned in order to ensure that Sauti project continues to implement quality activities. In each region, plan of activities was developed by QI teams at each level and follow ups were done to make sure gaps and QI issues identified during the follow up visits were addressed and reported on time.

Additionally, Site Improvement Monitoring System (SIMS) was conducted in Shinyanga (5 sites) and Mbeya (3 sites) regions, by Amethyst International Technologies team and USG interagency. The main goal was to increase the impact of PEPFAR programs on the HIV epidemic through standardized monitoring of the quality of PEPFAR support at the site level (i.e., health facility, community and at District level – CHMT).

Key strengths identified were: beneficiaries' engagement in the project monitoring; financial management with transactions backed-up with vouchers and receipts; availability of policies (Child Safeguarding and Reduction of Stigma and Discrimination); small groups sessions for HIV prevention conducted and supervised by higher level personnel; post-GBV and biomedical services provided as per standards; FP integration into HTS; and provision of STI screening. Key challenges identified constituted the following: limited documentation on monitoring the QI and

DQA plans; lack of indicators to measure stigma and discrimination activities; and suboptimal linkage of HIV infected AGYW into CTC. Sauti project has already developed plans to rectify all the identified SIMS gaps.

4.10 Establish public - private partnerships: The Sauti Project has continued to establish new and/or maintain existing public-private partnerships to maximize value for money and also impact of project activities. For details about strategic partners which Sauti strived to establish in Q3, please refer to the program management section.

4.11. Advocate for KVP HIV/FP programming using public health-centered approach: This is done in each interaction and activity with all key government and private stakeholders.

Objective 5: Build and deploy vigorous monitoring and evaluation systems

5.1 Geographic information system (GIS) mapping (accomplished, ongoing): During this quarter, the team finalized mapping for three regions, i.e., Morogoro, Arusha, and Kilimanjaro. Cleaning of this data is ongoing. Data from mapping will also be used in Q4 to identify hotspots in the regions and districts for targeted testing services.

5.2 Implement a robust data management and referral-tracking system (accomplished, ongoing): Following the roll out in use of mHealth platform (in tablets) for the biomedical services in Q2, Sauti successfully arranged for and began roll out the use of mHealth platform (in phones) for SBCC and WORTH+ mHealth regions with the interventions. The roll out planned was completed for all regions except Njombe which is scheduled for Q4.

5.3 Strengthen the capacity of CSO on data quality and data utilization and 5.4 strengthen regional and district data utilization to inform implementation progress (Ongoing): In Q2, Sauti finalized the training package for mentoring CSOs and regional staff on data use and interpretation. During Q3, six regions were trained on data use (i.e. Dar es Salaam, Iringa, Morogoro, Arusha, Dodoma and Kilimanjaro). Together with the daily reporting system, this has facilitated increase in data use for informing improvement in service delivery. Service reports continue to be shared with LGAs to account for usage of test kits and family planning supplies plus national reports to government authorities on project progress.

5.5 Conduct Internal Data Quality Assessments and Support External Data Quality Assessments (ongoing): Besides the SIMS visit which was conducted in two regions of Mbeya and Shinyanga, internal data quality verification was done for sampled regions. In Shinyanga, Data Quality Assessment (DQA) was conducted together with Community Development Officers (CDOs) for four CSOs namely TADEPA, HUHESO, RAFIKI, and SHDEPHA+. The DQA aimed at verifying structural indicators by reviewing WORTH+ register, conducting meetings with Ward Development Officers (WDOs) and EWs, and visiting WORTH+ groups for eight sampled wards. Outcomes and action plans from these assessments are being followed up.

5.7 Learning Agenda (accomplished, ongoing): During this quarter, Sauti developed five posters. The posters were presented at the IAS 2017 conference in Paris. One abstract submitted to the Sexual Violence Research Initiative Forum was accepted as a science pitch "STI, and sexual violence screening is relevant for key populations in Tanzania," to be presented in Brazil in September 2017.

Determined Resilient AIDS-free Mentored Safe (DREAMS) Initiative

D.1 Increase vAGYW uptake of sexual and reproductive health services by reducing stigma and positively branding service delivery (ongoing): Sauti Project biomedical services to vAGYW in DREAMS districts include HIV testing services, FP provision and screening for STIs, tuberculosis, and GBV through CBHTC+, HBTC+ and at venue where vAGYW congregate. The following tables show the Q3 reach for biomedical services:¹

Table 4: HIV, HTC and CTC Linkages for vAGYW in DREAMS Councils in Q3, FY17

DREAMS Council	# of vAGYW tested for HIV		# of vAGYW tested positive for HIV		HIV Yield (%)		Number of HIV+ vAGYW enrolled to CTC	
	Ages 15-19	Ages 20-24	Ages 15-19	Ages 20-24	Ages 15-19	Ages 20-24	Ages 15-19	Ages 20-24
Temeke MC	399	844	0	26	0	3	0	10
Kyela DC	278	380	18	21	6	6	15	17
Shinyanga MC	416	597	11	31	3	5	7	15
Kahama TC	876	1126	10	45	1	4	8	27
Msalala DC	701	882	6	20	1	2	4	10
Ushetu DC	934	867	22	36	2	4	21	27
TOTAL	3,604	4,696	67	179	2	4	55	106

The yield observed in most DREAMS councils is in line with the national HIV prevalence based on the 2012 THMIS, where it is 1% for females 15-19 years and 4% for females 20-24 years.

1,739 vAGYW received FP services in DREAMS councils. Under ongoing interventions in the community, Sauti Project promoted and distributed male and female condoms, providing 14,411 condoms to 1,816 vAGYW.

Table 5: Family planning methods provided to vAGYW in DREAMS Councils in Q3, FY17

Council	15-19 yrs	20-24 yrs
Temeke MC	57	197
Kyela DC	126	141
Kahama TC	190	208
Msalala DC	142	253
Shinyanga MC	65	52
Ushetu DC	169	145
Total	749	996

D.2 Establish safe spaces for vAGYW (partially accomplished, ongoing): In Q3, Sauti project conducted ceremonies for official establishment of 78 safe spaces where 1,638 vAGYW meet socially with peers, talk about issues that matter to them, and also access information from Sauti vAGYW-tailored behavior change and economic empowerment interventions.

¹ TO NOTE: The CTC enrollment grace period is 8 weeks, thus data may not reflect actual enrollment numbers as others will be captured the following quarter.



Figure 10: Owners of identified safe spaces for vAGYW receiving certificates of recognition signed by the Ward Executive Officer at the officiation ceremony

D.3 Empower 15-19-year-old vAGYWs by rolling out a package for building their health, cognitive, economic and social assets and engaging them meaningfully (partially accomplished; ongoing):

In Q3, 381 Binti Shujaa clubs were formed from existing WORTH+ groups for 15-19 year olds, linked to local experts for skills building, and introduced to a monthly art/ design challenge in 6 DREAMS councils. The groups are receiving sessions on skills building per their identified need (e.g., embroidery, cake baking, jewelry making, etc.). Monthly art projects are ongoing, and the products are displayed in the safe spaces identified by vAGYW.

The exercise has been effective at getting vAGYW to think and innovatively represent their concerns and triumphs from their point of view. LGA and parents have noted that they were proud of their spaces being identified as girl-friendly and the paintings act as a conversation trigger to highlight vAGYW concerns with community members who visit their offices. Sauti has a set of computers in each DREAMS council and is exploring secure community spaces (e.g., youth centers, libraries, LGA-owned resource centers, etc.) to house them so that vAGYW can access the loaded offline SRH content.

See objective 2 for key structural updates, as all structural interventions are taking place in DREAMS councils in FY17.



Figure 2 vAGYW learning how to make soap, cake and embroider as part of Shujaa Club activities

D. 4 Positively shift vAGYW behaviors through SBCC interventions (ongoing): vAGYW under Sauti have continued receiving SBCC group education covering gender and comprehensive sexual reproductive health, including self-efficacy to protect themselves against HIV (e.g., condom use demonstrations) using the adapted Stepping Stones curriculum. SBCC activities in DREAMS councils are rolled under WORTH+ platform.

Table 6: vAGYW Reached with SBCC in Q3, FY17

DREAMS Councils	# vAGYW enrolled into SBCC Group Education		# vAGYW completed minimum package SBCC Group education (PP Prev)		# vAGYW completed at least 10hrs SBCC Group education (Gender Norm)	
	Ages 15-19	Ages 20-24	Ages 15-19	Ages 20-24	Ages 15-19	Ages 20-24
Temeke MC	716	0	716	0	716	0
Kyela DC	344	431	344	431	344	431
Shinyanga MC	596	135	596	135	596	135
Kahama TC	572	559	572	559	572	559
Msalala DC	1,069	957	1,069	957	1,069	957
Ushetu DC	767	219	767	219	682	138
TOTAL	4,064	2,301	4,064	2,301	3,979	2,220

Also, in Q3, FSW 18-24yrs in DREAMS councils were also targeted to receive SBCC, per the below table

Table 7: FSW Reached with SBCC in Q3, FY17

DREAMS Councils	# FSW enrolled into SBCC Group Education		# FSW completed minimum package SBCC Group Education (KP Prev)		# FSW completed at least 10hrs SBCC Group Education (Gender Norm)	
	Ages 18-19	Ages 20-24	Ages 18-19	Ages 20-24	Ages 18-19	Ages 20-24
Temeke MC	9	43	37	153	9	43
Kyela DC	8	16	11	32	8	16
Shinyanga MC	24	57	15	79	24	57
Kahama TC	23	88	33	414	23	88
Msalala DC	17	38	12	259	17	38
Ushetu DC	0	0	73	143	0	0
TOTAL	81	242	181	1,080	81	242

D.6 Implement cash transfers to vAGYW in select DREAMS wards of Shinyanga and Mbeya (partially accomplished, ongoing): In Q3, Sauti rolled out the cash transfer program in the most vulnerable wards in Msalala DC, Ushetu DC, Kahama TC, and Shinyanga MC, and fully registered 7,561 vAGYW ages 15-23yrs for a cumulative total of 11,209 vAGYW towards the CTP target. The registered vAGYW were provided with handsets (donated by TiGO via public-private partnership) and are expected to receive TZS 70,000/= via mobile money every quarter for the next 18 months. The exercise was carried out with full involvement of respective LGAs, and we continue to provide regular follow ups.

Lessons learned from the Kyela DC and Shinyanga MC roll outs in Q1 and Q2, enabled the project to improve the registration process by introducing CTP in the community early and demarcating staff responsibilities for SBCC verification, age verification, CTP registration, simcard registration, phone registration and documentation, digital registration into the payment system plus onsite provision of biomedical services.

Figure 11. Number of vAGYW reached with the cash transfer program to- date

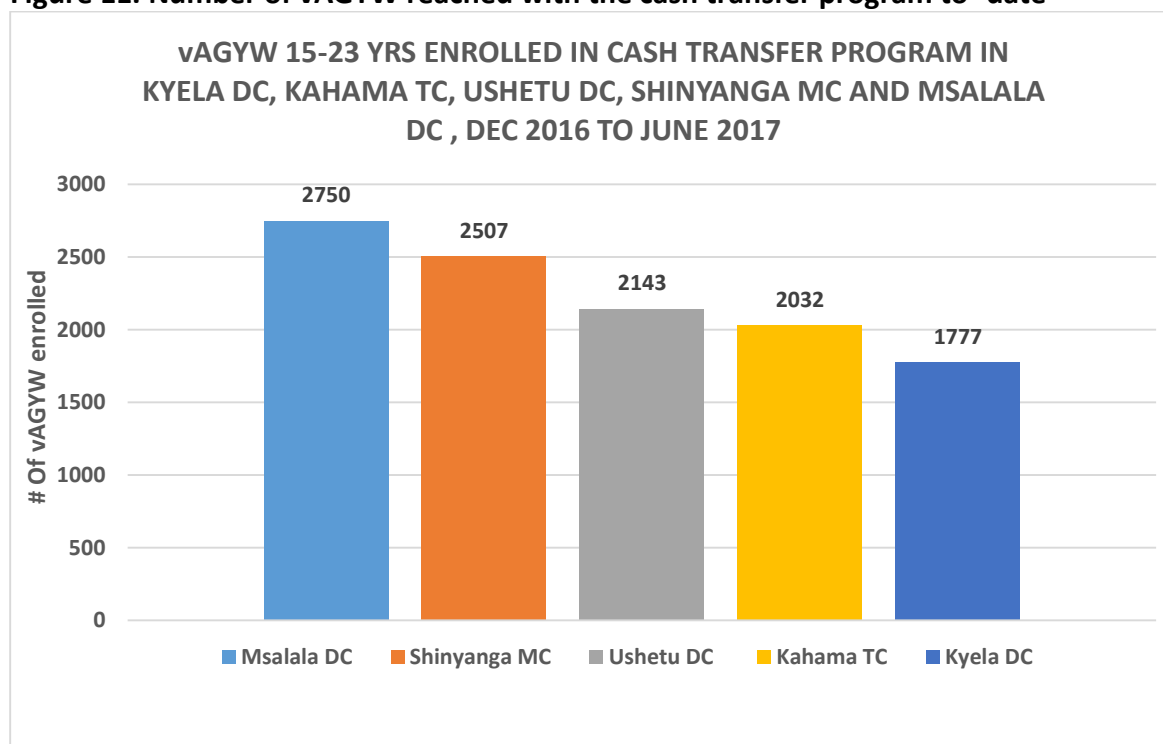


Figure 12: vAGYW in Shinyanga Region being registered for cash transfer program

Other Activities

USAID TDY Visit in Kyela

In May 2017, USAID conducted an interagency TDY visit to DREAMS sites, specifically in Kyela. The team from Washington D.C. included Amelia Peltz (USAID), Katie Izenour (ICPI/CDC), Dr. Eniko Akom (HJF/WRAIR), Billy Pick (USAID), and Paulina Daniel (TACAIDS).



Figure 13: Visitors looking at vAGYW products purchased by loans from WORTH+ groups and skills from Shujaa Clubs

Feedback noted that partners were doing very well across DREAMS interventions, but more efforts were needed to track referrals across partners and in reaching male partners of vAGYW.

vAGYW Index Training to HJFMRI

In May 2017, Sauti Project conducted a 2-day training on the vAGYW Index to 26 Henry Jackson Foundation for Medical Research Institute (HJFMRI) staff and sub grantees. HJFMRI is one of the DREAMS implementing partners focusing on community prevention. Like Sauti, it is a key partner in the identification and recruitment of out-of-school vAGYW eligible for DREAMS interventions.



Figure 14: A session during the vAGYW Index training in Mbeya City

PROGRAM MANAGEMENT

Personnel

The newly recruited DCOP is fully on board (reported on 1st June 2017 as per the plan shared in Q2). The former Sauti's Technical Director (Dr. Caterina Casalini) is now relocating out of Tanzania but shall continue to serve as Sauti's Senior Technical Advisor and the main technical backstop (supporting remotely with quarterly field travels). Recruitment of the Technical Director is ongoing and expected to be on board early next quarter. The recruitment of the M&E Director (to replace Dr. Tessa Lennemann) is being finalized. Preferred candidates will be shared with USAID for approval.

Regional Office Management

During this reporting period, Sauti Project Regional and Zonal Program Managers continued to engage LGAs and CSOs in planning, implementing and monitoring the activities at regional and council levels. To ensure quality deliverables, the central team has continued to conduct supportive supervision through both physical visits and holding monthly phone calls to review progress and identify ways to mitigate programmatic challenges and share best practices in program and technical approaches across regions. In addition to the above approaches, Sauti has introduced daily performance monitoring system through WhatsApp for all field teams to ensure they are reaching their daily target (details explained in objective 1).

Procurement

In Q3, Sauti continued to procure various commodities and supplies in accordance with the project's procurement plan. Similarly, the regional field teams continued to liaise with the GOT health facilities to obtain HIV rapid test kits and family planning commodities. As described in objective 1.4, the shortage of kits in Dar es Salaam, Shinyanga, and Njombe region was immediately rectified by Sauti – led redistribution from other project sites.

Sub award Management

All modifications were completed in the first week of Q3; those changes had no impact on the project implementation. The main purpose for the modification was to align the partners' scopes of work and changes in geographical coverage.

As narrated in objective 4.4, following CHESA's suspension in Q2, Jhpiego and CHESA's agreed on some key steps. These included:

- Review of CHESA's internal control system by external auditors,

- Development of capacity building/strengthening plan (by Jhpiego/Sauti) to address the inadequacies thus ensuring long term, community driven support for KPs in Tanzania, as well as the integrity of the project resources expended under its care

In response to this, CHESA's leadership engaged an independent accounting firm to conduct an in-depth review of its management, operational and internal control systems. The report of the review was submitted to Jhpiego through CHESA. As part of the resolution, CHESA took disciplinary actions to all staff involved in the incidence. In Q3 Jhpiego conducted ITOCA and Internal Control Review (ICR) to CHESA to determine the capacity gaps and developed a plan of action to be implemented by CHESA before reinstatement. CHESA implemented some actions developed and Jhpiego continues to monitor the rest of the agreed upon actions. In consultation with USAID, Jhpiego will determine the appropriate next steps including possible reinstatement of the CHESA's sub agreement in Q4 (process has begun). During this time service delivery was not interrupted as Sauti project continued to implement a plan while temporarily taking over all activities which were in the pipeline.

Strategic Partnerships and Cost Share Opportunities

Within the reporting period, Sauti has continued to maintain and strengthen its relationship with TOMS shoes, Tigo, EJAF, Population Council and ILO through Sauti consortium partner Pact. EJAF continued to support STI-PPT study while Population Council continues to support a pilot community ART service study in Njombe region.

With respect to the operationalization of the AGYW research and learning agenda, in Q3, Sauti continued to hold discussions with three research entities all of which are funded by Bill & Melinda Gates Foundation (BMGF), for a collaboration in cash transfer evaluation studies to better inform the interventions. The names of the research groups and the aims of these studies are as outlined below:

- **University of North Carolina/Final Mile:** Qualitatively to determine how the cash transfers that vAGYW receive through Sauti/DREAMS influence sexual dynamics within their relationships, and also to use behavioral economics to understand the short and long-term impact of cash transfer interventions for vAGYW including reduction in compensated sex and intergenerational sex.
- **College of William & Mary:** Incentivizing Mobile as a Financial Saving Instrument Among vAGYW receiving cash transfer under Sauti (Behavioral Economics Study)
- **M4ID – a Finnish based organization:** Human Centered Design to increase the uptake of vulnerable adolescent and young adult populations' engagement with HIV testing and care

The contributions meet the cost-share criteria and hence [are being](#) documented and reported accordingly.

Finance

The current obligation stands at US \$48,318,234. This obligation includes US \$ 2,900,000 received for FP/HIV integration for FY16 and FY17, US \$ 5,442,764 for DREAMS project; US\$7,200,000 received through modification 6 where \$1,200,000 is for health needs project funded by OGAC, US\$6,708,667 received through modification 7, US\$11,756,220 received through modification 8 and US\$5,481,600 received through modification number 10. Overall project expenditure through June 30, 2017 stands at US \$40,077,695.02 (pipeline US \$8,240,539 of overall obligation). This expenditure represents an 83% burn rate of overall

obligation. The total expenditure does not include accrued June 16-30 Tanzania costs as per JHU monthly accounting cycle.

Below is the summary of Sauti funding

Table 8: Sauti funding summary

DESCRIPTION	AMOUNT (\$)
Original obligation	8,828,983
Additional obligation - FP/HIV (FY16 and FY17)	2,900,000
Additional obligation – Dreams	5,442,764
Additional obligation – Mod 6	7,200,000
Additional obligation – Mod 7	6,708,667
Additional obligation – Mod 8	11,756,220
Additional obligation – Mod 10	5,481,600
Current obligation	48,318,234
Expenditure to June 30, 2017	40,077,695
Pipeline as of June 30, 2017 (Overall)	8,240,539

CHALLENGES, OPPORTUNITIES, LESSONS LEARNED AND WAY FORWARD

Various challenges have been discussed under the respective objectives. Therefore, this section lists the challenges that have not been narrated in other sections.

Combination HIV prevention & FP services for KVPs

- Low HIV positivity yield in some of the councils:** In this reporting period Sauti made significant strides in improving yield. Strategies that have led to increased yield are explained in objective 1. One of the barriers to achieving the expected yield is the reluctance by some of the District AIDS Control Coordinators' (DACCs') and C&T implementers to share list of CTC index clients with Sauti regional teams which would have allowed the project to reach the partners and the children of these index clients, with HIV Testing Services (HTS) and FP services. To rectify this, Sauti continues to hold a series of stakeholders' meetings to discuss the importance of partnering in ensuring provision of continuum of care and improving the testing and treatment cascades. Additionally, Sauti established individual provider's performance management on compliance to the use of high yield HTS modalities, as well as close supportive supervision of CBHS providers and use of performance management tools tool, has improved the team performance in mobilizing high risk population to access biomedical services.
- Lower CTC enrollment rates in some of the councils:** In some councils, CTC enrollment rates have remained low. As described under objective one., Please see below some of our strategies to address this gap:
 - Organization of a benchmark visit by Dar es Salaam R/DACC to ICAP sites in the

- lake zone to learn about onsite enrollment
- Establishment of individual provider's performance management and monitoring for biomedical providers, case managers and CBHS providers
- Close coordination with facility-based partners
- Continue to conduct on-the-job coaching and mentorship of all the providers (Sauti-hired and government providers working on locum basis) to strengthen their post-test counseling skills, particularly for the identified PLHIVs
- As most of the project beneficiaries belong to the highly marginalized groups who often are identified outside the normal working hours of CTCs but also during weekends and public holidays, Sauti is planning to collaborate with facility-based C&T IPs to pilot "the extension of CTC working hours and/or opening the clinics on the weekends/public holidays", in some of the locations/hotspots
- From Q4, Sauti has begun to discuss with NACP to explore the use of various available client identifiers and tested dates (for clients who are not yet enrolled in CTC from Sauti records), to track if they are enrolled in CTC 2 database in nearby districts and/or districts. We will soon be piloting this in Dar, to see if there are any clients that did enroll and the project did not manage to get their enrolment feedback earlier

Note: Narrated above are short to mid-term measures. As a long-term measure, the project feels that the MOHCDGEC through NACO need to move the following agendas:

- 1. Make Community ART a policy:** In an ongoing Community ART study for FSW (led by Population Council- through Project SOAR), the uptake of this service is very impressive. Sauti has Community ART targets in Dar es Salaam, however, since this approach requires IRB (and MOHCDGEC/NACP is responsible for writing a supporting letter to NIMR IRB), up until now NACP has not written us this introductory letter; there are still some questions about why the project wants to roll out pilots/demos in multiple sites whilst there are some studies still ongoing.
- 2. Look into the task shift policy:** To enable CBHS providers be able to distribute ARTs for stable clients at geographical hotspots using KVP networks

- **Reduced HTS & BCC service uptake by MSM following the drop of MSM peer educators:** Some MSM peer educators working with Sauti project via CSOs absconded due to fears resulting from the unfavorable legal and political environment. This led to decreased service uptake by MSMs even after resumption of services from 1st June 2017. As a remedial measure, Sauti project worked with the few available MSM peer educators and has started recruitment and training new ones.
- **Lack of money among AGYW groups to cover the cost for registration of vAGYW worth+ groups.** Registration by LGAs is one of the prerequisite for registering entrepreneur AGYW groups and enable them to access financial resources that is needed for economic empowerment of the girls. Unfortunately, the registration costs in some of the councils are very high. In realization of this, Sauti project began negotiations with LGAs for reduction of the registration fees. In Kahama TC, registration fee was reduced from 30,000/= to 10,000/=. Same negotiations are ongoing in other councils. Some of the key lessons learned in WORTH+ programming are as follows:

- Linkages with Ward Level Agricultural Extension Officers and Community Development Officers have facilitated access to locally available opportunities for WORTH+ beneficiaries such as access to technical skills development and land for farming.
- Improved record keeping for AGYW businesses has been identified as one of the pre-requisite in the efforts to explore other funding opportunities in a form of loan and asserts such as Land. This will be enhanced during ongoing WORTH+ interventions.
- **Lack of vAGYW age documentation:** it was observed that the majority of vAGYW did not have documentation of their ages, thus proving a challenge when rolling out of cash transfer program for the vAGYWs. This has led to some beneficiaries resorting to forging birth certificates and others who fit all the criteria but lack the paperwork not to show up for registration. We are addressing this challenge in close collaboration with the LGAs and other credible community structures.

Research Implementation

- **High cost of transporting biological samples for CARE study.** To minimize transportation cost, Sauti project intend to freeze the samples at the nearest health centre before transporting the samples to NIMR Mwanza.

Monitoring & Evaluation/Informatics

- **Database hitch:** In quarter three Sauti project experienced data hitch due to increased size of the database. This has resulted in loss of some of the data in six of the councils. The daily report served as a reference source to identify the extent of the loss and offer a temporary back up for Q3 reporting. Efforts are being made to recover the lost data. D-Tree has reassured us that all the data will be recovered and availed to us in Q4. Any discrepancies observed after recovery will be updated accordingly.

CSO/LGA engagement

Despite capacity building efforts, ITOCA findings for some of the CSOs have lots of gaps. Sauti has continued to provide close support to those CSOs in coordination with LGAs. We have continued to learn that close peer support including face-to-face meeting proved effective in supporting CSOs, e.g., CSOs that were visited had a higher CISP implementation rate compared to those not visited by our mentors/coaches. Furthermore, CSOs whose senior leadership engaged fully in capacity development demonstrated better results in terms of implementing their comprehensive institutional strengthening plans, e.g., Rafiki SDO, TAWREF, TADEPA, and WASO.

APPENDICES

Appendix 1: Success Story

Sauti Cash Transfer Program Revived the Dreams of Esther a Vulnerable Adolescent Girl



Kyela – Mbeya, Tanzania—Esther (20 years old) had an idea of having a local mini cafe and keeping her own animals, she didn't know where to get capital and couldn't even fathom how to begin saving to fulfill her future plans. After a while without mentorship and support, her future plans felt far out of reach. She was not working, and for several years, Esther didn't know the importance of using family planning methods and HIV prevention until she was introduced to a Sauti Project Peer Educator who leads social behavior change communication (SBCC) group education sessions to vAGYW and she joined the program.

After the completion of SBCC classes, Esther was linked by a peer educator to a nearby health centre called Ndangwa for HIV test where she was tested negative and received family planning services before linked to the Cash Transfer Program (CTP) where she received the first disbursement of TZS 70,000.

"I dreamt of keeping pigs and having a local café. My dream has revived after introduction of cash transfer program in Kyela, where eligible beneficiaries like me receive TSh70,000/- on a quarterly basis via mobile money platforms (tigopesa)," she says.

Esther decided to buy two pigs for generating her income in future through selling the piglets, "I had an idea of keeping animals and having a mini café, but all these couldn't happen because I had no capital to start these kinds of businesses" she added.

Explaining now on how her life has changed, Esther says her dream started to become true when she joined the program through SAUTI Project and that they were exposed with skills of savings, and now she has started to achieve her goals because the project is giving them monetary assistance to generate their income, but the most important thing for her was receiving behavior change communication group-based peer education covering gender, HIV

and family planning methods.

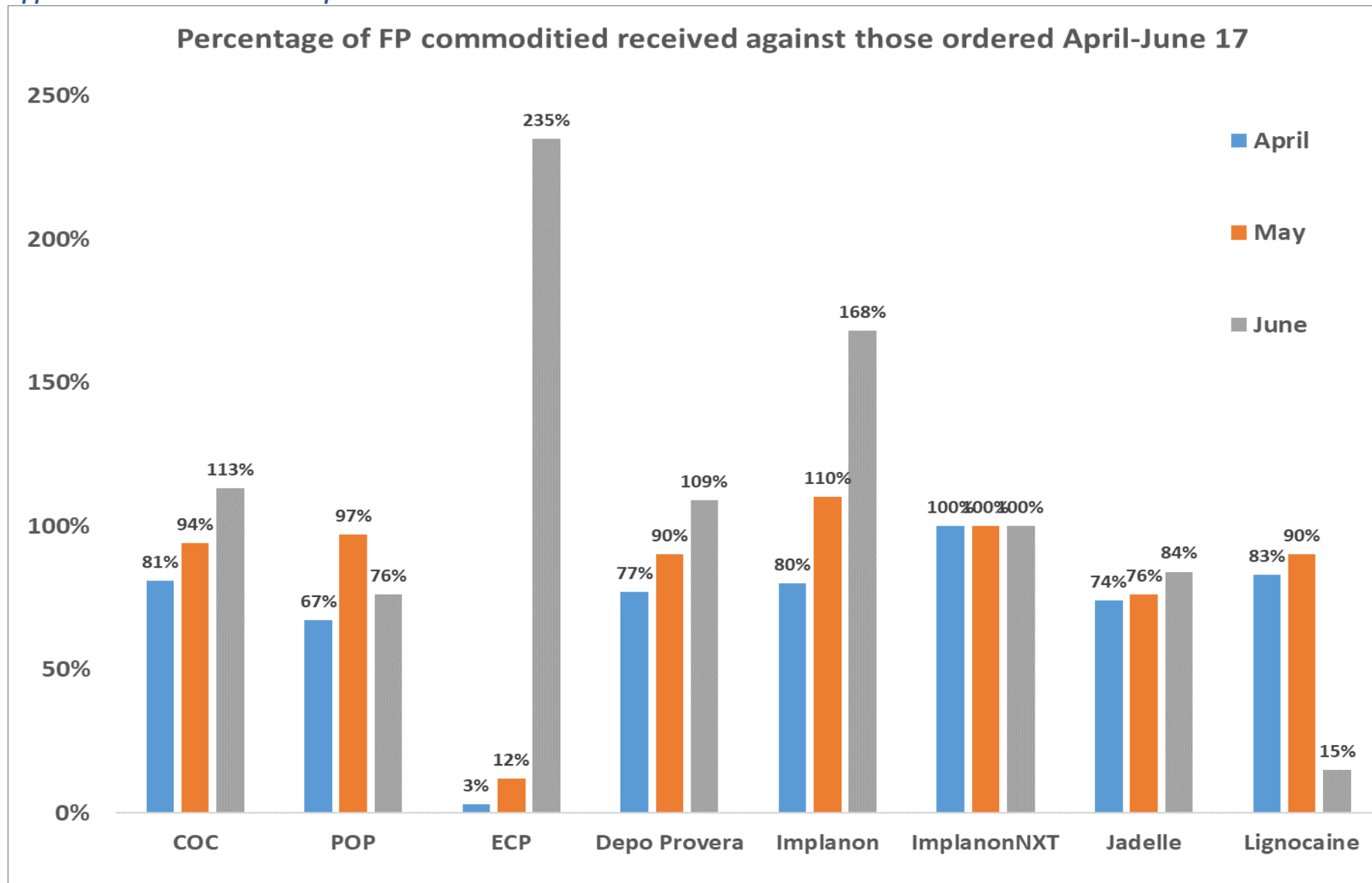
Now Esther is a member of Usalama WORTH+ (Economic Empowerment) community saving group having 26 members whereas every member has to contribute weekly amounts and has access to low-interest loans through group funds.

Sauti project is selected by USAID to be a DREAMS community partner in Dar es Salaam (Temeke MC), Mbeya (Kyela DC) and Shinyanga (Ushetu DC, Msalala DC, Shinyanga MC and Kahama TC). The goal of DREAMS Initiative is to reduce new HIV infections amongst vulnerable adolescent girls and young women aged 15-24 by 40% in two years.

In Tanzania, evidence shows that among girls and young women, aged 15 to 24, low wealth is associated with earlier sexual debut, higher number of sexual partners, lower likelihood of condom use, higher odds of non-consensual first sexual experience, higher odds of exchanging sex for money, goods or services, and low uptake and/or adherence to biomedical prevention services. Structural interventions, like cash transfer, that address poverty, gender norms, etc. can reduce vulnerability to HIV through improving access to health services for HIV prevention and family planning services, addressing gender-based violence, creating safe spaces, building social assets, strengthening economic status or opportunities, and increasing knowledge of sexual and reproductive health, these vulnerabilities mainly impact vAGYW thus the prioritization. Cash transfers can be used for poverty alleviation which aims to reduce HIV risk such as transactional sex.

Sauti Project, which is funded by the US President's Emergency Plan for AIDS Relief through the US Agency for International Development, in cooperation with the Tanzanian Ministry of Health, Community Development, Gender, Elderly and Children, is rolling out cash transfer program in two regions of Tanzania, namely Shinyanga and Mbeya where it will reach to 12,144 vulnerable adolescent girls and young women. Sauti Project is led by Jhpiego in partnership with EngenderHealth, Pact and the National Institute for Medical Research-Mwanza.

Appendix 2: FP Commodities requested and received



Appendix 3: Regional and District Meetings Held in Q3

S/N	REGION	TITLE OF THE MEETING	Date
1	Dar es Salaam	Program progress review meeting with CSOs (ASUTA, WASO, MUKIKUTE, PHSRF) at Sauti Regional Office	30th April, 2017
		Stakeholder's feedback meeting conducted at Kigamboni Municipal Council.	30th May, 2017
		Sauti Project introductory meeting to RHMT members at Mtwara Regional Office Conference Hall	8th June, 2017
		DREAMS M&E systems for the DREAMS implementing partners organized by MDH	17th June 2017
		Program progress review meeting with CSOs (ASUTA, WASO, MUKIKUTE, PHSRF) at Sauti Regional Office	20th June, 2017
		Stakeholder's feedback meeting conducted at Kigamboni Municipal Council	30th April, 2017
2	Dodoma	Meeting with Care and Treatment Implementing Partners –Boresha Afya (EGPAF) at EGPAF Regional Office Dodoma.	2nd May 2017
3	Iringa	Meeting with Care and Treatment Implementing Partner –Boresha Afya at Boresha Afya Regional Office Iringa.	15th June 2017
		Meeting with Iringa regional HIV AIDS stakeholders on Capacity Building on HIV policy, Legal frameworks and Guidelines was organized by RAS office Iringa at Chuo cha Ushirika Iringa	9th June 2017
		Iringa regional HIV AIDS Strategic Plan technical review meeting at Malangalila Mafinga organized by RAS office Iringa	29-31st May 2017
		Iringa Regional USAID Implementing partners Touch Base monthly Meetings organized by USAID Coordinator in Iringa (Joan Mayer)	16th June 2017
4	Mbeya	Mbeya Region Advisory Committee Meeting conducted at RC Youth Centre	4 th April, 2017
		Songwe Region Stakeholders Introductory Meeting conducted at Songwe Hills Motel	27 th April, 2017
		Kyela District Advisory Committee Meeting conducted at Kyela DED Conference Hall	3 rd May, 2017
		Mbeya Region Stakeholders Meeting Conducted at Mkapa Conference Hall	26 th May, 2017
		Mbeya DC HIV/AIDS Stakeholders Meeting conducted at Mbeya DC DED's Hall	8 th June, 2017
		Mbeya and Sogwe regions RMNCH coordination meeting conducted at AMO Conference Hall	28 th June, 2017
5	Morogoro	Meeting with Care and Treatment Implementing Partner –Boresha Afya at Boresha Afya Regional Office Morogoro.	22 nd June 2017

S/N	REGION	TITLE OF THE MEETING	Date
6	Njombe	Regional HIV & AIDS Strategic Plan (RHASP) Review Meeting organized by TACAIDS, funded by UNICEF	16 th June 2017
		Njombe TC Stakeholders meeting organized by TACAIDS, Funded by UNICEF	21 st June 2017
		Njombe DC Stakeholders Meeting organized by TACAIDS, funded by UNICEF	22 nd June 2017
7	Tabora	Quarterly data review with all Tabora District CHMTs organized by EGPAF and conducted at Tabora Municipal Hall	17 th May, 2017
		Meeting with Care and Treatment Implementing Partner, organized by EGPAF and conducted at EGPAF office	5 th June, 2017
		Stakeholders Meeting organized by JSI held at Igunga DC	2 nd June, 2017

Appendix 4: Activities planned for Q4

Biomedical Services

- Continue strengthening of biomedical services to 38 councils and scale up to additional four new councils in 12 regions
 - Meet with LGA, key informants, PEs to identify hot spots, authorize Sauti Project-supported community –based services, discuss and develop route plans based on hotspots
 - Continue developing monthly route plans to guide CBHTC+ and HBTC+ teams in the context of partner notification
 - Continue advocating with LGA on CTC enrollment at point of diagnosis and roll out orientation to HBC volunteers to strengthen CTC linkage
 - Continue rolling out FP services to AGYW and FSW in all councils
 - Conduct national FP and NXT training to new Sauti Project staff
 - Continue with daily yield assessment and redirect CBHTC+ and HBTC+ teams towards high yield areas and population
 - Scale up re-introduction of MSM services in all councils
 - Continue with provision of STI PPT to KP
 - Continue providing biomedical services to SBCC and WORTH+ groups
 - Roll out Community ART study to FSW in Njombe region and monitor service delivery
 - Submit community ART protocol for IRB for the remain regions
- Partner with other regional organizations to ensure continuum of care and reduced HIV transmission
 - Continue to conduct escorted referrals of HIV positive clients to enroll to CTC and regularly meet with C&T IP for planning and reconciling data on the ART cascade for KVP
 - Strengthen the partnership with OVC implementing partner to offer HTS-FP
 - Continue to conduct escorted referrals of post GBV survivors for medical care, as well as social and legal aid
 - Continue to conduct escorted referrals to GOT health of clients in need of IUD and permanent FP methods
- Supply chain management
 - Continued with regular communication on supplies needs with GOT authorities and conduct monthly stock monitoring of all medical supplies and commodities
- Support quality control and assurance for HIV rapid test
 - Continue conducting IQC for HIV test kits as per national guidelines
- Supervision from regional and central NACP/RCHS/TACAIDS
 - Support quarterly assessment of biomedical services in each region
- Provide technical assistance to MOHCDGEC, TACAIDS and other ministries in the provision of preventive and clinical services to KVP
 - Continue review the national HTS guidelines and training curriculum, as well the STI curriculum and M&E tools
 - Participate to national forum/TWG

- Engage the RCHS and NACP adolescent friendly health services (AFHS) units in updating AFHS strategy and training materials
- Conduct meeting to review of the KPFS national curriculum with NACP/TACAIDS

SBCC and Gender

Review SBCC Curricula

- Finalize the curricula evaluation report
- Conduct joint curricula review workshop with TACAIDS and NACP and other stakeholders
- Develop SBCC participants' manual for group education FSW, MSM, AGYW
- Review individual education job aides for KP

Roll out support groups

- Scale up empowerment clubs for HIV-infected KVP in Dar es Salaam
- Scale up Alcohol rehabilitation groups in Dar es Salaam

Conduct GBV screening

- Scale up GBV screening at SBCC and WORTH+ groups and plan for FY18 further expansion
- Develop anonymous GBV survey for case managers to define if there are needs for further GBV training and roll out the survey

Gender Equity

- Printing of the Support and Action materials from SASA!
- Conduct 5-day TOT for Sauti and CSO staff on Support and Action SASA!
- Analyze the gender assessment reports and ensure quarterly assessment are conducted and included into the Sauti QI plan

Demand creation

- Print and distribute IEC materials

Structural

Roll out WORTH+ groups

- Continue supporting the existing WORTH+ groups
- Establish 49 WORTH+ groups, supervise them weekly and support village banking sessions
- Train 200 EWs on the revised WORTH+ curriculum
- Conduct one-day monthly council level meetings with EWs in all councils
- Facilitate the enrollment of youth into market - driven vocational training at Vocational Educational and Training Authority (VETA) and apprenticeship programs with successful people in business in the councils
- Digitalize group-level recordkeeping and avail it in a mobile format
- Orient EWs on Economic Wellbeing/ Vulnerability index tool for graduating vAGYW from Sauti WORTH program in Temeke MC, Kyela DC and Shinyanga MC
- Conduct Household Economic Wellbeing Index assessment of vAGYW in existing WORTH+ group to determine eligibility to graduate
- Support WORTH groups to register with Community Health Fund (CHF) and the

Quality Improvement/Assurance

- Technical meeting with stakeholders to review KVP friendly services SOP, tools and draft list of health facilities
- Conduct selected health facilities QI assessment.
- Train GoT and non-GoT providers from 15 health facilities on the NACP KVP friendly services curriculum
- Orient Sauti team, CSO, RHMT and CHMT on the QA/QI SOP and tools (5 days) in 3 new regions and establish QI teams at all levels (Singida; Mtwara & Songwe)
- Conduct quarterly and monthly visits by central and regional / district QI team to all regions, respectively
- Support use of SIMS tool for routine program monitoring by Sauti, CSO and GV teams
- Join PEPFAR led SIMS visits

Research & Learning Agenda

- Finalize recommendations on how to use the final KP size estimates
- Conduct workshop to share the final KP size estimates and recommendations
- Prepare final report of the KP size estimates and develop a manuscript for publication(s)
- Finalize data transcription and translation for MSM and FSW formative studies, finalize data management for ACASI surveys, and conduct data analysis
- Procurement of study consumables for CARE and STI PPT studies (validate proposed test kits before procurement for the whole study is done)
- Advertise, recruit and train CARE and STI PPT study teams
- Implement data collection for CARE and STI PPT study
- Host interim baseline dates meeting September/October 2017

CSOs, LGAs, and Sustainability

- Conduct a one-day sustainability planning meetings with the new regions/councils
- Coach/mentor CSOs on various parts of the ITOCA action plans
- Review quarterly ITOCA action plans to assess progress of activities implementation
- Conduct monthly monitoring calls with all regional teams/CSOs
- Conduct Government Performance Index (GoPI) assessments (for the new regions and councils) to establish baseline data on technical, management, and financial management capacities
- Participate and contribute in the development of CCHPs in each of the LGAs collaborating with Sauti
- Collaborate with Community Health Systems Strengthening (CHSSP) to coach and mentor LGAs in financial management as per GoPI developed plans. We will continue working to secure collaborative support from other implementing partners.
- Conduct CSOs performance assessment for FY18 implementation (*new activity*)
- Conduct financial review for Q3 & Q4, a follow up review of PWC FY 16 audit
- Conduct planning meeting for FY 18 implementation
- Close out of CSO as result of the assessment done above

DREAMS

- Establish safe spaces for vAGYW
- Continue to roll out a monthly thematic art competition to highlight SRH issues, life as a vAGYW, etc.
- Continue to roll out vAGYW mapping tools during vAGYW BCC sessions
- Support vAGYW in DREAMS councils to attend national level event
- Follow up on beneficiaries of the cash transfer program
- Print and disseminate DREAMS Shujaa IEC materials for programmatic use and the final DREAMS SBCC Strategy to the Sauti regional team, CSO and district coordination partners
- Further, empower vAGYW receiving the social asset building package as 'Shujaa Clubs' by supporting sessions with local 'exper.ts.'

M&E and Learning

- Data quality assessments in 9 regions.
- Setting up systems for new interventions to be implemented in FY 18
- Begin write up for a manuscript on family planning for FSW
- Revisit for improving client identification card to facilitate correct recording of individuals' multiple encounters with the service points.
- Working with TAYOA to establish the integration of Sauti database with DAMES to facilitate easy transfer of AGYW service data for DREAMS evaluation